

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002425 AF

DOCUMENT # L98000001372

1. Entity Name  
T.J. MERLIN & CO., L.C.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 10:57

Principal Place of Business 1428 BRICKELL AVENUE, 6TH FLOOR MIAMI FL 33131	Mailing Address 1428 BRICKELL AVENUE, 6TH FLOOR MIAMI FL 33131-3411
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2. Principal Place of Business 2518 N.W. 64th Blvd. Suite, Apt. #, etc.	3. Mailing Address 2518 N.W. 64th Blvd. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Boca Raton, FL 33496	City & State Boca Raton, FL 33496
Zip 33496	Zip 33496
Country USA	Country USA

4. FEI Number 65-0882477	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GEIGER, ROBERT S ESQ. 1428 BRICKELL AVENUE, 6TH FLOOR MIAMI FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GEIGER, ROBERT S ESQ. 1428 BRICKELL AVENUE, 6TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Robert S. Geiger, Esq.

1/25/00 561-988-2431  
Date Daytime Phone #

CR2E083 (9/99)