**APPROVED** 

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001721				AND FILED	
1. Entity Nan		000001721	, e	00 APR -7 PM 12: 53	₹1
				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
·	ce of Business AGOON DR. SUITE 600 26	Mailing Address 5200 BLUE LAGOON DR. SUITE 600 MIAMI FL 33126-7002			
2 Principal 6	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State			<del>,                                    </del>
			<del></del>	65-0873925 Not Applic	
Zip	Country	Zip	Country	5. Certificate of Status Desired Space Fee Required	
	6. Name and Address of Cur	rent Registered Agent	Name	7. Name and Address of New Registered Agent	
JOFFE, EDWARD 5200 BLUE LAGOON DR., SUITE 600 MIAMI FL 33126			Street Address	Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL	33126		City	FL Zip Code	
SIGNATURE	named entity submits this statement statement is statement. Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent signature requir	0	= = .
			ayable to Department		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWARD, MANO 5200 BLUE LAGOON DR, SU MIAMI FL 33126	EMBERS/MEMBERS  Delete  TTE 600	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	Marie (1978)
TITLE NAME STREET AODRESS CITY-ST-ZIP	:	☐ Deleta	TITLE NAME STREET ADDRESS CITY- 8T- ZIP	☐ Change ☐ Add	Ittlen Ö
TITLE MAME STREET ADDRESS CITY-ST-ZIP	days a distance	Delote > 2	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-21P		Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	<b>O</b>   .
TITLE MAME STREET ADDRESS CITY- 8T- 25P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Ucisto	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition
11. I hereby of indicated	on this report is the and accurate	with this filing does not qualify for and that my signature shall have ustee empowered to execute this	or the exemption stated in S the same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under eath; that I am a managing member or manager of the apter 608, Florida Statutes.	'n

SIGNATURE