

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005443 AF

DOCUMENT # L98000002480

1. Entity Name

FORENSIC ACCOUNTING INFORMATION & EDUCATION CENT.

00 APR 28 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **702**
3000 HOLIDAY DRIVE, SUITE ~~1503~~
FORT LAUDERDALE FL 33316

Mailing Address
3000 HOLIDAY DRIVE, SUITE ~~1503~~ **702**
FORT LAUDERDALE FL 33316-2447



2. Principal Place of Business
Suite, Apt. #, etc. **702**

3. Mailing Address
Suite, Apt. #, etc. **702** **MPM**

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number **65-0875984** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
ROSENTHAL, HERBERT **702**
3000 HOLIDAY DRIVE, SUITE ~~1503~~
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) **702**
City **FL** Zip Code

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 *H. Rosenthal* **4-25-00**
Signature, typed or printed name of registered agent and title if applicable. (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENTHAL, HERBERT 3000 HOLIDAY DRIVE, SUITE 1503 FORT LAUDERDALE FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003249599-7 -05/11/00--01121--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *H. Rosenthal* **REQUIRED** **4/25/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)