

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002480

1. Entity Name  
FORENSIC ACCOUNTING INFORMATION & EDUCATION CENT

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

Mailing Address  
~~3000 HOLIDAY DRIVE, SUITE 702~~  
~~FORT LAUDERDALE FL 33316~~

2. Principal Place of Business  
6644 VIA REGINA  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
BOCA RATON FL  
Zip  
33433  
Country  
USA

City & State  
Zip  
33433  
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  
~~3000 HOLIDAY DRIVE, SUITE 702~~  
~~FORT LAUDERDALE FL 33316~~

## 7. Name and Address of New Registered Agent

Name ROSENTHAL, H  
Street Address (P.O. Box Number Not Acceptable)  
6644 VIA REGINA  
City BOCA RATON FL 33433

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  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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 ROSENTHAL, HERBERT 3000 HOLIDAY DRIVE, SUITE 702 FORT LAUDERDALE FL 33316	<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	6644 VIA REGINA BOCA RATON FL 33433	<input checked="" 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	000004217360--9 -05/15/01--01074--017 *****55.00 *****55.00	<input checked="" 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: H. Rosenthal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/24/01  
Daytime Phone # 391-8078

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

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CR2E083 (11/00)