

2001 UNIFORM BUSINESS REPORT (UBR)

0012476 AF

DOCUMENT # **L98000002480**

FILED

01 APR 26 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DO NOT WRITE IN THIS SPACE

MJH

City & State
BOCA RATON FL

City & State

4. FEI Number **65-0875984**

Applied For
Not Applicable

Zip **33433** Country **USA**

Zip **33433** Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENTHAL, HERBERT
~~3000 HOLIDAY DRIVE, SUITE 702~~
~~FORT LAUDERDALE FL 33316~~

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**

4/24/01

Signature, typed or printed name of registered agent and title if applicable (NOT 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 Delete
NAME **MGRM ROSENTHAL, HERBERT**
STREET ADDRESS **3000 HOLIDAY DRIVE, SUITE 702**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE Change Addition
NAME
STREET ADDRESS **6644 VIA REGINA**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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** **ROSENTHAL**

561-
4/24/01 391-8078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)