2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002888 1. Entity Name WAVEBLOCK LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
						nr	O MAR 2'O PM 12:	32			
Principal Place of Business Mailing Address						1 0,		\			
4201 N. OCEAN BLVD SUITE 801 4201 N. OCEAN BLVD			4201 N. OCEAN BLVD. BOCA RATON FL 3343					خواد ا	3/00		
BOCA HATON	FL 33431		DOCK HATON PL 3343	1-3343							
2. Principal Place of Business			3. Mailing Address			- I I MANINENI DIRE MANEN I DIKIN BONIN BONIN BONIN BONIN BANIN TIREN (BIKIN IDIDEN 1841) 1881 - I					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					,
City & State			City & State			4. FEI N	65-0888486		No	plied For t Applicable	-
Zip Country		untry	Zip	Count		5. Certif	ficate of Status Desired		5.00 Addee Required		
	6. Name and	Address of Current Re	gistered Agent		Nome	7. Name	e and Address of New Re	gistered Aç	jent		1
MAININ DANIEL M					Name						
VINNIK, DANIEL M 4201 N. OCEAN BLVD.					Street Addre	ss (P.O. Box N	lumber is Not Acceptable)				
BOCA RATON FL 33431						<u>.</u>		-			
				City	FL Zip Code						
8. The above	named entity subn	nits this statement for th	ne purpose of changing	its registere	ed office or regi	stered agent, o	or both, in the State of Flor	ida.	<u> </u>		1
SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent						julred when reinstati	ng)	DATE			
			§ FILE	NOW!!! I	FEE IS \$50.0	00					
			Make Check I		-						
9. MANAGING MEMBERS/MEMBERS							ADDITIONS/0	CHANGES			1
TITLE	MANAGING MEMBERS/MEMBERS 1 MGRM Delete								Change	Addition	66/
RAME VINNIK, DANIEL M STREET ADDRESS 4201 N. OCEAN BLVD., SUITE 801 BOCA RATON FL 33431					E ET ADDRESS - \$T- ZIP						CR2E083 (9/99)
TITLE	MGRM	1 2 30401	Detste	mil			3000031	138	Change	Applican	뜅
NAME	HARAS, WILLIA			MAM	E ET ADDRESS		~03/29/ *****5	"UUU1 ∩ ∩∩	***** PP===[11 I O OO	
STREET ADDRESS CITY-ST-ZIP	28 MEYER DRIV GUELPH, ONTA		CITY			7/44/44	0.00	1			
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STREET ADDRESS CITY-ST-ZIP					- ST- ZIP						
TITLE			☐ Delote	TITLI					Change	Addition	
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CITY-81-ZIP				1	·\$T-ZIP		. <u> </u>				
TITLE			☐ Deteta	TITL	I				Change	Addition	
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CITIVAT-ZIP	<u>_</u>				- ST- ZIP						
TITLE			Delete	TITLI	J				Change	Addition	1
NAME STREET ADDRESS				NAM STRE	E Et address						
CITY-8T-ZIP				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 seceiver or frustee emproyered to execute this open as required by Chapter 608, Florida Statutes.											
		KX61	UNDENI		M.1/	NN:K	3-15-0	90 S	7/11	L3ha	
SIGNAT	URE:	TURE AND TYPED OR PRINTE	D NAME OF SIGNING MANAGII	NG MEMBER C			Date		time Phone #		