

2000 UNIFORM BUSINESS REPORT (UBR)

0003989 AF

DOCUMENT # L98000002901

1. Entity Name
SRMB, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 2:23

Principal Place of Business
7380 S.W. 122 STREET
MIAMI FL 33156

Mailing Address
7380 S.W. 122 STREET
MIAMI FL 33156-5309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0893571**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RAZZAGHI-AWAL, AMIR
7380 S.W. 122 STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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 | MGRM RAZZAGHI-AWAL, AMIR <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7380 S.W. 122 STREET | STREET ADDRESS | 300003148753-5 |
| CITY- ST- ZIP | MIAMI FL 33156 | CITY- ST- ZIP | -02/25/00--01108--009 |
| TITLE NAME | MGRM MAZOR, DAVID <input type="checkbox"/> Delete | TITLE NAME | *****50.00 *****50.00 |
| STREET ADDRESS | 9980 S.W. 130 STREET | STREET ADDRESS | <i>mj 2/23/00</i> |
| CITY- ST- ZIP | MIAMI FL 33176 | CITY- ST- ZIP | |
| TITLE NAME | MGRM SADEGHI, ALI <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 15455 S.W. 82ND COURT | STREET ADDRESS | |
| CITY- ST- ZIP | MIAMI FL 33157 | CITY- ST- ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY- ST- 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *2/5/00* (305) 716-2827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)