2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003304

1. Entity Name
BREAKTHROUGH COACHING, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 20 AM 10:02

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1112 WESTON ROAD. SUITE 226 FT LAUDERDALE FL 33326	1112 WESTON ROAD. SUITE 226 FT LAUDERDALE FL 33326-1915

2. Principal Place of Business	3. Mailing Address
	564 CASCADE FALLS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. A
City & State	City & State WESTON, FL
Zip / Country	Zip 33327-1210 / Country USA

4. FEI Number 65-0877092 ☐ Applied For ☐ Not Applicable

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
SANNA, MARK L 1112 WESTON ROAD, SUITE 226 FT LAUDERDALE FL 33326	Name Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL BAY DR. PENT. #3310 City MIAMI **FL** Zip Code 33131

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 M L Sanna 9/18/00
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 SANNA, MARK L 1112 WESTON ROAD, SUITE 156 FT LAUDERDALE FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1111 BRICKELL BAY DR. PENT. #3310 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003408941---6 -09/29/00--01011--007 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition *****50.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: M L Sanna SIGNATURE REQUIRED 9/18/00 305 3736474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #