

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000320

1. Entity Name

MEL-RAE, L.C.

Principal Place of Business

2300 N.W. CORPORATE BLVD., STE 222  
BOCA RATON FL 33431

Mailing Address

2300 N.W. CORPORATE BLVD., STE 222  
BOCA RATON FL 33431-7358

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

EPSTEIN, WILLIAM L  
2300 N.W. CORPORATE BLVD., STE 222  
BOCA RATON FL 33431

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

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

TITLE NAME MGR GIMELSTOB, HERBERT  
STREET ADDRESS 4330 LIVE OAK BLVD.  
CITY- ST- ZIP DELRAY BEACH FL 33445

TITLE NAME MGR GIMELSTOB, ELAINE  
STREET ADDRESS 4330 LIVE OAK BLVD.  
CITY- ST- ZIP DELRAY BEACH FL 33445

TITLE NAME MGR HOPIN, MARC D  
STREET ADDRESS 2196 NW 59TH STREET  
CITY- ST- ZIP BOCA RATON FL 33496

TITLE NAME MGR EPSTEIN, WILLIAM L  
STREET ADDRESS 6513 NW 78TH DRIVE  
CITY- ST- ZIP PARKLAND FL 33067

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED

FILED

00 MAR 20 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0892878

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

100003195301-7

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-04/04/00--01099--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

SIGNATURE REQUIRED

3/15/00

(561)997-8880