2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900000748 1. Entity Name					FILED		
NHC LOUDSPEAKER RESEARCH, LLC					00 JAN 14 PH 3: 58		
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
13111 LALIQU PALM BEACH	ie Court Gardens Fl 33410	13111 LALIQUIE COURT PALM BEACH GARDENS	ALIQUIE COURT BEACH GARDENS FL 33410		I F'S bear from a 17 1 2		
<u> </u>	•					33 00 33 00 33 00 33 00 9 3 00 1	
2. Principal F	Place of Business	3. Mailing Address			I (CANTEN AND IDIE NAME DANG DANG ACTIV	aa nik ca nki ca kii aa nik l ac id !	(11 11) (E)(111)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI	4. FEI Number 65 - 0888136 Applied For Not Applied For		
Zip	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required		
	6. Name and Address of Current		7. Name and Address of New Registered Agent				
FINANCIAL FOUNDATIONS, INC.					TC. NEW	MAN	
2843 THAXTON DRIVE, #37					Number is Not Acceptable)		
PALM HARBOR FL 34684				13/11 LALIQUE CT			
City (AL)				LM BEACH	GARDENS	FL Zip Cog	3410
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 a	1,007		NEW?	<u> </u>	1-12-200 DATE	00
	-	FILE NO	OW!!! FEE IS	\$50 NO		, <u> </u>	
		Make Check Pa		•	-		
9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/C	HANGES	
TITLE	MGR	☐ Delete	TITLE	T		☐ Change	Addition
NAME STREET ACORESS	NEWMAN, MARGARET C 13111 LALIQUIE COURT		NAME STREET ADDRESS				
CITY-87-ZIP	PALM BEACH GARDENS FL 3341		CITY- ET- ZIP				
TITLE		☐ Deloto	TITLE NAME		2000031		☐ Antdition :={
STREET ADDRESS			STREET ADDRESS		-01/27/0	001023 <u>0</u> 1	14
CITY-ST-ZIP			CITY-BT-ZIP		*****55		
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CITY- ST- ZIP		Delete	CITY-ST-ZIP				
MAME		المواول ال	NAME				
STREET ADDRESS CITY-ST-ZIP			SYREET ADDRESS City-St-Zip		^		
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Deligite	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME 2TREET ADDRESS				
CITY-8T-ZIP			CITY-8T-ZIP		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
TITLE WANTE		☐ Deliste	TITLE			Change	Addition
STREET ADDRESS		· • • •	MAME STREET ADDRESS	* *4 -5 5 +	and the transfer of the same		
CITY-87-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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
010111	I harcait	MARIA REIN	REANAD	GARET C. W.	(2Ma) //1/2.	aa [4/61	Z⊔i=riu
SIGNATURE: SUNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Destino Phone #							