

# 2000 UNIFORM BUSINESS REPORT (UBR)

0017895 SP

APPROVED  
AND  
FILED

00 APR 18 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MM/M

DOCUMENT # L99000001995

1. Entity Name  
EISENWORLD, L.C.

Principal Place of Business  
19225 EAST ANDREWS DRIVE  
MIAMI FL 33015

Mailing Address  
19225 EAST ANDREWS DRIVE  
MIAMI FL 33015

2. Principal Place of Business  
19225 EAST ST. ANDREWS DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
19225 EAST ST. ANDREWS DRIVE  
Suite, Apt. #, etc.

City & State  
MIAMI, FL  
Zip  
33015  
Country  
USA

City & State  
MIAMI  
Zip  
FL  
Country  
33015

4. FEI Number  
65-0909912  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GROSSMAN, MARK D ESQUIRE  
BECKER & POLIAKOFF, P.A.  
5201 BLUE LAGOON DR., SUITE 100  
MIAMI FL 33126

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                    |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HENRICKSON, DAVID<br>19225 EAST ANDREWS DRIVE<br>MIAMI FL 33015 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EISEN, EIKO<br>19225 EAST ANDREWS DRIVE<br>MIAMI FL 33015       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES                          |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HENRICKSON, DAVID<br>19225 EAST ST. ANDREWS DRIVE<br>MIAMI FL 33015 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EISEN, EIKO<br>19225 EAST ST. ANDREWS DRIVE<br>MIAMI FL 33015       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)