

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002882

1. Entity Name

HR M AND A SOLUTIONS INTERNATIONAL LLC

Principal Place of Business

10290 NW 6TH ST.  
CORAL SPRINGS FL 33071

Mailing Address

10290 NW 6TH ST.  
CORAL SPRINGS FL 33071

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

65-0920420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1 EAST BROWARD BLVD.  
SUITE 700  
FORT LAUDERDALE FL 33301-0000

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/MANAGERS

TITLE NAME MGRM ODELL, CHARLES E ☐ Delete  
STREET ADDRESS 10290 NW 6TH ST.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE NAME MGRM GOLDBERG, STEVEN B ☐ Delete  
STREET ADDRESS 5875 NW 123RD AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
100003335251--8  
STREET ADDRESS -07/25/00--01060--028  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*CHARLES E. ODELL, MANAGING DIRECTOR*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/15/00  
Date

954 3409820  
Daytime Phone #

CP2E083 (5/00)