មួនមាន នេះប

2000 UNIFORM BUSINESS REPORT (UBR)

				· · ·	_			
COCUMENT # L9900003302						OO JUN 14 PH 2:	Fate	
RWD HÓL	LDINGS, LLC		. معرف	. 1/		CORPOR)	ATIONS	
		E. C.				00 JUN 14 PH 2	: 21.	
Principal Plac	e of Business	Mailing Address					′ 2 4	
2590 POWERLINE ROAD 2590 POWERLINE ROAD								
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-100								
	*.	,						
2. Principal P	3. Mailing Address			_	Y MARKITIK DIR HAKIR IDIKK DAKK DOKK BRIK	. 		
		Critic Opt H ata			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE	/
City & State		City & State	City & State			Number		pplied For
Zip	Country	Zip Co		trv	Not Applicable S. Cartificate of Status Posited \$5.00 Additional			
Zip Godiniy		2.19	Country		5. Certi	ificate of Status Desired	Fee Require	
	6. Name and Address of Curr	ent Registered Agent		Name	7. Nam	e and Address of New Registe	ered Agent	
	, BARRY A ESQ.							
9728 WES	Street Address (P.O. Box Number is Not Acceptable)							
CORAL SPRINGS FL 33065								
				City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registers								
o. The above	Trained entry submits this statemen	it for the purpose of changing it	io rogiotore	od omoo or rogice	orou agorn,	5. 55th, iii iii 5 taa 5 t, 75 taa		
SIGNATURE .	Signature, typed or printed name of registered a	Open and title if applicable (NC	TF: Renistore	d Agent signature requi	red when reinstat	ing) [DATE	
	Signature, types or printed traine or registeres of						<u>-</u>	
		,		FEE IS \$50.00			P10	r i
		Make Check P	ayable t	o Department	of State		DF	v
9	MANAGING ME	MBERS/MEMBERS	10.			ADDITIONS/CHAP	NGES	
TITLE	MGR	☐ Delete	TITU				Change	Addition
NAME STREET ADDRESS	PROVOST, ROBERT 2590 POWERLINE ROAD		NAM STRE	ET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33069		CITY	-ST-ZIP				
TITLE		C Octata	TITL				Change	Addition
NAME Street address			NAM Stri	E ET ADDRESS		60000359	18956-	72
CITY-ST-ZIP				-ST-ZIP		*****50.0]() *****	50.00
TITLE		☐ Deteto	TITL				Change	Addition
NAME		A SECTION ASSESSMENT OF THE PERSON ASSESSMENT		ET ADDRESS	an a se .		~~	
STREET ADDRESS CITY-ST-ZIP				- 8T-ZIP				
TITLE		☐ Delete	TITL	E			Change	Addition
NAME			RAM					
STREET ADDRESS City-\$t-Z(P				ET ADDRESS - ST- ZLP				
TITLE			TITL					Addition
NAME			NAM	ł			_	_
STREET ADDRESS				- ST- ZIP				
CITY-ST-ZIP TITLE			TITU				Change	Addition
PA			NAM					
1 ADDRESS				ET ADDRESS				ļ
8T-ZIP	mit at a the first of the	mista state diline dans on the second		-ST-ZIP	Continu 110	07/2/(i) Elocido Statuto II 45	or portification at the	information
indicated	certify that the information supplied on this report is true and accurate	and that m∰signature shall have	e the sami	e legal effect as i	f made unde	er oath; that I am a managing m	er ceruly that the i nember or manago	er of the
ıımıted lia	bility company or the receiver or tru	siee empowered to execute this	s report as	s required by Cha	apter 608, Flo	orida Statutes.	_	_
CICNAT	UDE. SICL	TORE REQU		D		4/17/00	954-782	-37/2
SIGNAT	SIGNATURE AND TYPES OF	PRINTED NAME OF SIGNING MANAGING				bate	Daytime Phone #	