

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002603 AF

DOCUMENT # L99000003709

1. Entity Name  
NATIONAL LITIGATION SERVICES, PLC

00 MAR 29 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
ONE SOUTHEAST THIRD AVENUE, TENTH FLOOR  
MIAMI FL 33131

Mailing Address  
C/O MARC H. AUERBACH, ESQ.  
201 SOUTH BISCAYNE BLVD., SUITE 2000  
MIAMI FL 33131-4338



*mf 4/17*

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
ONE SOUTHEAST 3RD AVE.  
Suite, Apt. #, etc.  
10TH FLOOR  
City & State  
MIAMI, FL 33131  
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0934637

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

AUERBACH, MARC H ESQ  
201 SOUTH BISCAYNE BLVD., SUITE 2000  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name  
MARC K. POWERS  
Street Address (P.O. Box Number is Not Acceptable)  
ONE SOUTHEAST 3RD AVE., 10TH FLOOR  
City  
MIAMI FL Zip Code  
33131

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 *Marc K Powers*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*3/11/00*  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

900003208409-8  
-04/14/00-01004-013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HOLTZ, LAURIE<br>ONE SOUTHEAST 3RD AVENUE, 10TH FLOOR<br>MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GARDEMAL, JOE<br>8230 LEESBURG PIKE, SUITE 700<br>VIENNA VA 22182       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>POLTZINGER, DAVID<br>3 MINNEAPOLIS ROAD<br>FLEMINGTON NJ 08822          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>FRANKEL, BARRY<br>1073 WEST PEACHTREE STREET N.E.<br>ATLANTA GA 30309   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>FINKEL, RICHARD<br>29 S. MAIN STREET<br>WEST HARTFORD CT 06127          | <input type="checkbox"/> Delete |

## 10. ADDITIONS/CHANGES

|  |   |
|--|---|
| 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 |
| 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: *SIGATURE REQUIRED*

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

3-13-2000

Date

Daytime Phone #

CR2E083 (9/99)