

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

DOCUMENT # L99000003709

1. Entity Name  
NATIONAL LITIGATION SERVICES, PLC

01 APR 23 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
ONE SOUTHEAST 3RD AVE.  
10TH FLOOR  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0934637		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
POWERS, MARC K ONE SOUTHEAST THIRD AVENUE, TENTH FLOOR MIAMI FL 33131				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/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLTZ, LAURIE			NAME			
STREET ADDRESS	ONE SOUTHEAST 3RD AVENUE, 10TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDEMAL, JOE			NAME			
STREET ADDRESS	8230 LEESBURG PIKE, SUITE 700			STREET ADDRESS			
CITY-ST-ZIP	VIENNA VA 22182			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLITZINGER, DAVID			NAME			
STREET ADDRESS	3 MINNEAPOLIS ROAD			STREET ADDRESS			
CITY-ST-ZIP	FLEMINGTON NJ 08822			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKEL, BARRY			NAME			
STREET ADDRESS	1073 WEST PEACHTREE STREET N.E.			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30309			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINKEL, RICHARD			NAME			
STREET ADDRESS	29 S. MAIN STREET			STREET ADDRESS			
CITY-ST-ZIP	WEST HARTFORD CT 06127			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4/19/01 Daytime Phone #

CR2E083 (11/00)