

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003732**

1. Entity Name
RUSSIAN WARBLOODS L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR - 1 AM 10:56

Principal Place of Business
**3008 C SOUTH OCEAN BOULEVARD
HIGHLAND BEACH FL 33487**

Mailing Address
**3008 C SOUTH OCEAN BOULEVARD
HIGHLAND BEACH FL 33487-1886**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13860 Wellington Trace #20

3. Mailing Address
13860 Wellington Trace #20

City & State
Wellington, FL

City & State
Wellington, FL

4. FFI Number
65-0928862

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

6. Name and Address of Current Registered Agent
**GRANET, LLOYD ESQ.
1900 NW CORPORATE BOULEVARD, STE 100
WEST BUILDING
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
Name **Rubin, FRANK L.**
Street Address (P.O. Box Number is Not Acceptable) **13860 Wellington Trace, #20**
City **Wellington** State **FL** Zip **33414**

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]* *[Signature]* DATE **01/31/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

01/31/00

9. MANAGING MEMBERS/MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIN, FRANK 3008 C SOUTH OCEAN BOULEVARD HIGHLAND BEACH FL 33487	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIN, SUSAN 3008 C SOUTH OCEAN BOULEVARD HIGHLAND BEACH FL 33487	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13860 Wellington Trace #20 Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13860 Wellington Trace #20 Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000003178520 -03/17/00--01013--U22 *****50.00 *****50.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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]* DATE: **01/31/00** DAYTIME PHONE #: **561-333-5255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CF2E083 (9/99)