

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90001 027 ****50.00

DOCUMENT # L99000004609

1. Entity Name

MARTIN GERBER CPA, P.L.



Principal Place of Business

**2310 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

Mailing Address

**2310 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

2. Principal Place of Business

2320 Hollywood Blvd.

3. Mailing Address

2320 Hollywood

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood Blvd

City & State

Hollywood FL

Zip

33020

Country

Broward

Zip

33020

Country

Broward

6. Name and Address of Current Registered Agent

**GERBER, MARTIN
2310 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2320 Hollywood Blvd

City

Hollywood

FL

Zip Code

33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GERBER, MARTIN
2310 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2320 Hollywood Blvd
Hollywood FL 33020**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE REQUIRED

3-10-03

954-921-4603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)