2000	UNIFORM	BUSINESS	REPORT	(UBR
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2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000004638					APPROVED AND FILED				0004364
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1. Entity Name TRIPLE B, LLC				nn	ADD to Du			A	
THIF CL D	, 1110				1	APR 13 PM			
Principal Plac	ee of Business	Mailing Address			SEC TALL	CRETARY OF AHASSEE, F	STATE		
285 NW 199Ti	,	285 NW 199TH ST			111111	- MUMOSEE, F	LUKIUA		
SUITE 210 SUITE 210									
MIAMI FL 331	69	MIAMI FL 33169-2939							
2. Principal F	Place of Business	3. Mailing Address		<u></u>	<u>-</u>				
Suite, Apt.	# oto	Suite, Apt. #, etc.			<u>,</u>	DO NOT WRITE I	N THIS SPACE		
					MUM				7
City & Stat	e	City & State			4. FEI Number	65-099 ZZ	47 Ap	plied For t Applicable	1
Zip	Country	Zip	Coun	try	5. Certificate of		\$5.00 Add	litional	
· · · · ·	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New Regi	Fee Required		1
				Name .	AVID	BERGER	ح	<u>-</u>	
BERGER,				Street Address	(P.O. Box Number i	s Not Acceptable)			İ
285 NW 1 SUITE 210				102/ /	11014 77	Street			
MIAMI FL				City MIAI	<u>Vest 23</u> UI BEAL		FL Zip Cod	140	1
	named entity submits this statement	for the Kinnogo of changing its		<u> </u>				HTU	
8. The above	named entity submits this statement	for the purpose of changing is	s registere	ed diffice of registe	ered agent, or both,	III the State of Fiolida	1/4/		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
			-		<u> </u>			<i>'</i> .	1
		Make Check Pa		FEE IS \$50.00 Department	•				
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9.	MANAGING MEMI	BERS/MEMBERS Delete	10. TITLI	 _		ADDITIONS/CH	ANGES Change		6
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STREET ADDRESS	285 NW 199TH ST SUITE 210		1	ET ADDRESS					1083
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NAME	BERGER, DAVID J	C DESCRI	MAM			*************************************	010 Simin 0 00	ו וויים וויים וו	
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VITLE	MIAMI BEACH FL 33140	Deleta	TITU				Change	Addition	
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STREET ADDRESS CITY-ST-ZIP	Ť			ET ADDRESS - ST- ZIP					
11. I hereby o	certify that the information supplied wi on this report is true and accurate an	th this filing does not qualify fo	or the exe	mption stated in S	Section 119.07(3)(i),	Florida Statutes, I fur	ther certify that the in	nformation r of the	
limited lia	ibility company or the receiver or trust	ee empowered to execute this	report as	required by Chap	pter 608, Florida Sta	tutes.		· -	1
	Thousand.	DAVID J TUREManagel	DE I	CHEK	٦ .	30 00 3	36-14	44	
SIGNAT	URE:	A PRESENT ININITIAL	r. u u Dani				,-u	<u> </u>	1

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