2000 UNIFORM BUSINESS REPORT (UBR)

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HATIC, HAAS A C/O HOMER, BONNER & DELGADO, P.A. 3400 NATIONSBANK TOWER, 100 SE 2ND STREET MIAMI FL 33131 6. The above named entity submits this statement for the purpose of changing its registered office or registered sigent, or both, in the State of Forda. SIGNATURE SIGNATURE SYMMER, hade or prevent come or registered agreet and time it approaches provided by the statement of the purpose of changing its registered office or registered sigent, or both, in the State of Forda. SIGNATURE SYMMER, hade or prevent come or registered agreet and time it approaches provided agreet and time it approaches agreet and time it approaches provided agreet and time it approaches agreet	Zip · · · · · · Country		2	Zip Cour		itry				
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C/O HOMER, BONNER & DELGADO, P.A. 3400 NATIONSBANK TOWER, 100 SE 2ND STREET MIAMI FL 33131 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. SIGNATURE Signature, hoese or present came or registered agent and time a approach PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 11. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 11. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 11. ADDITIONS/CHANGES 11. ADD	LIATIO LIARO A									
3400 NATIONSBANK TOWER, 100 SE 2ND STREET MIAMI FL 33131 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						Street Address (P.O. Box Number is Not Acceptable)				
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 Signeture, typed or printed name of registered agent and the 9 appropriate to Department of State				Т						
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. SIGNATURE Signature, typed or private rame of registered agent and this 2 applicable (NOTE Registered Agent signature required when remaining) ONE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE GISON, MATTHEW J STRETT ADDITIONS STRETT ADDI	MIAMI FL 33131					City		FI	Zip Code	Э
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11. I hereby certify that the information supplied with this filling 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 excurate and that my signature shall have the same lengt effect as if made under cath; that I am a managing member or manager of the	CITY-8T-ZIP									
	11. I hereby d	certify that the information supplied wi	th this fili	ng does not qualify for	the exe	emption stated in S	Section 119.	.07(3)(i), Florida Statutes, I further ce	rtify that the in	nformation r of the