**2000 UNIFORM BUSINESS REPORT (UBR)** 

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DOCUMENT # L9900005883						100 market 19 ma				
ROSENBERG & ROSENBERG, ATTORNEYS AT LAW, L.L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address										
600 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901		600 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901				00 JUL 10 AM 9: 25				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	ne -	City & State				4. FEI Number				
Zip	Country	Zip	Coun	ntry	5. Cert	ificate of Status Desired	\$5.00 Add			
	6. Name and Address of Current	t Registered Agent		N	7. Nam	e and Address of New Registered	Agent		4	
DOCEMBI	TOO DOICOULA E		. <u>.</u> .	Name	<u>.</u> .	•		<del>-</del>		
ROSENBERG, PRISCILLA E ROSENBERG & ROSENBERG, ATTORNEYS AT LAW				Street Addres	t Address (P.O. Box Number is Not Acceptable)				]	
	rne fl 32901			City	<b>□</b> Zip Code					
									4	
8. The above	named entity submits this statement for	or the purpose of changing it	s registere	ed office or regis	tered agent,	or both, in the State of Florida.				
SIGNATURE						·				
	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registere	d Agent signature requ	ared when reinstat	ing) DATE			┨	
		FiLE N Make Check P		FEE IS \$50.0 o Department						
9.	MANAGING MEMBI	FRS/MANAGERS	10.	<u> </u>		ADDITIONS/CHANGES		·	-	
TITLE	MGRM	☐ Delete	TITLE			10011101101	☐ Change	Addition	8	
name Street address	ROSENBERG, PRISCILLA E 4172 SPARROW HAWK ROAD			ET ADDRESS					72E083 (5/00)	
CITY-ST-ZIP	MELBOURNE FL 32934	* 5	━	-ST-ZIP		<u>400903326:</u>		<del>3</del>	1뛆	
TITLE NAME STREET ADDRESS	MGRM ROSENBERG, ALAN MARK 4172 SPARROW HAWK ROAD	. L. J Delete		E ET Adoress		-U1/18/UUU *****50.00	1 ( <u>100</u> (prange) 李孝孝李宗[]	2.00	5	
CITY-ST-ZIP	MELBOURNE FL 32934			-ST-ZIP				T Addition	-	
NAME STREET ADDRESS CITY-ST-ZIP	and a second	L.J. Delete					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta					☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete		E Et address		***************************************	☐ Change	☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STRE	į.			☐ Change	☐ Addition		
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted.  URE:	that my signature shall have	or the exer the same report as	mption stated in a legal effect as is required by Cha	f made unde	r oath: that I am a managing memb	er or manage			