2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)						APPROVED AN:D			
DOCUMENT # L9900007172						FILED			
1. Entity Name					00 MAY 19 PM 2: 07				
			*		_	SECRETARY OF S ALLAHASSEE, FI	STATE		
Principal Place of Business Mailing Address 3101 NORTH FEDERAL HIGHWAY. STE. 601 3101 NORTH FEDERAL HIGH				~	T/	ALLAHASSEE, FI	UNIOM		
FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306									
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2. Principal Place of Business 3. Mailing Address					'	1881 01: 818 18118 1911: BD11: 8811: 8811: 8811: 8811: 9811: 1988: HEIT 1881: 1881: 1881			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number Applied For 65–0959341 Not Applicable				
Zip	Country Zip		Country		5. Certif	icate of Status Desired	□ \$5.00 Fee Rec	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
AMATURO, JOSEPH C				Street Address (P.O. Box Number is Not Acceptable)					
3101 NORTH FEDERAL HIGHWAY, STE. 601				Sileet Audiess (F.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33306			City	ty FL Zip Code				Code	
• The above	named antity submits this statement for		office or registered agent, or both, in the State of Florida.						
o. The above	maried entity submits this statement for	ine purpose of changing to res	giotoroa omo	·	oo agom,				
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	egistered Agent s	ignature required	when reinstati	ng)	DATE		
		FILE NOW							
	•	Make Check Paya	ble to Dep	artment of	State				
9. TITLE	MANAGING MEMBER	RS/MEMBERS	10.	Memb	er	ADDITIONS/	CHANGES	nge X Addition	
NAME				Amat	Amaturo, Joseph C. MGRM 6001 North Federal Highway, Suite 601				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI			n Federal Higi <u>rdale, Fl. 33:</u>		9 00T	
TITLE NAME		Delete	TITLE Name			500003	ma Peppingar		
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TITLE NAME		□ Delete	TITLE NAME				Cha	nga 🗌 Addition .	
STREET ADDRESS CITY-ST-ZIP			STREET ACORI CITY-ST-21P	ESS					
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NAME STREET ADDRESS			NAME STREET ADDRE	E88					
CITY-\$T-ZIP	· .	☐ Deteta	CITY-ST-ZIP TITLE				Char	nge Addition	
NAME		<u> </u>	NAME STREET ADDRE	F 2 9		•	_		
STREET ADDRESS CITY-ST-ZIP		,	CITY-87-ZIP						
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 appurate 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 report or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER 4-22-03 Date Daytime Phone #									