

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007412

1. Entity Name
TEAM 1836, L.L.C.

FILED

00 APR 28 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~SUITE 1-201~~
~~2721 OCEAN CLUB BOULEVARD~~
~~HOLLYWOOD FL 33019~~

Mailing Address

~~SUITE 1-201~~
~~2721 OCEAN CLUB BOULEVARD~~
~~HOLLYWOOD FL 33019-3945~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17100 COLLINS AVE

3. Mailing Address

17100 COLLINS AVE

Suite, Apt. #, etc.

109

Suite, Apt. #, etc.

109

City & State

N. MIAMI BEACH, FL

City & State

N. MIAMI BEACH, FL

4. FEI Number

65-0982339

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHARF, YLAN

SUITE 1-201

~~2721 OCEAN CLUB BOULEVARD~~

~~HOLLYWOOD FL 33019~~

7. Name and Address of New Registered Agent

Name

~~SCHARF~~ SCHARF, YLAN

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

17100 COLLINS AVE

#109

City

N. MIAMI BEACH FL

Zip Code

33160

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

YLAN SCHARF

4/27/2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MANAGING MEMBER Delete
NAME SCHARF, YLAN
STREET ADDRESS 2721 OCEAN CLUB BLVD #201
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE MAN. MEMBER Delete
NAME INSTITUTO CLINICO VETERINARIO C.A.
STREET ADDRESS AV. VALENCIA PARPACEN
CITY-ST-ZIP QTA. FLORA, LA FLORIDA CARACAS, VENEZUELA

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME 600003238276-8
STREET ADDRESS -05/03/00--01133--022
CITY-ST-ZIP *****50.00 *****50.00

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-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 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:

YLAN SCHARF

4/27/2000

(305) 949-1313

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

Date

Daytime Phone #

CP2E083 (9/99)