

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007412

1. Entry Name

TEAM 1836, L.L.C.

Principal Place of Business

Mailing Address

2721 OCEAN CUB BLVD.
STE. 1-201
HOLLYWOOD, FL 33019

SAME

2. Principal Place of Business

3. Mailing Address

17100 COLLINS AVE

17100 COLLINS AVE

4. Suite, Apt. #, etc.

5. Suite, Apt. #, etc.

#109

#109

6. City & State

7. City & State

SUNNY ISLES B, FL

SUNNY ISLES B, FL

8. FEI Number

65-0982339

9. Applied For

Not Applicable

10. Zip

11. Country

12. Zip

13. Country

33160

USA

33160

USA

14. Certificate of Status Desired

15. \$5.00 Additional Fee Required

16. Name and Address of Current Registered Agent

17. Name and Address of New Registered Agent

YUAN SCHARF
2721 OCEAN CUB BLVD
STE. 1-201
HOLLYWOOD, FL 33019

Name YUAN SCHARF

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

17100 COLLINS AVE, #109

City SUNNY ISLES B, FL Zip Code 33160

18. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Yuan Scharf

07/03/01

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

(NOTE: Registered Agent signature required when reissuing)

DATE



9. MANAGING MEMBERS / MEMBERS	
TITLE	MANAGERS <input type="checkbox"/> Delete
NAME: YUAN SCHARF STREET ADDRESS: 2721 OCEAN CUB BLVD, #1201 CITY-ST-ZIP: HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete
NAME: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	<input type="checkbox"/> Delete
NAME: [Blank]	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: YUAN SCHARF STREET ADDRESS: 17100 COLLINS AVE, #109 CITY-ST-ZIP: SUNNY ISLES B, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-07/17/01-01091-021
*****50.00 *****50.00

19. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Yuan Scharf*

07/03/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DAYTIME PHONE #