

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 99000007750

1. Entity Name

SUCCESS 2000, LLC

Principal Place of Business

Mailing Address

13 SOUTH POMPANO PARKWAY  
POMPANO BEACH, FL 33069

SAME

2. Principal Place of Business

13 SOUTH POMPANO PARKWAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

4. FEI Number

65-0960858

Applied For

Not Applicable

Zip

Country

Zip

Country

33069

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RANDALL L. SIDLOSCA  
1101 BRICKELL AVE  
SUITE 1100  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

ELVIRA SEMIDEY

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

903 CYPRESS GROVE DRIVE #205

City

Pompom Beach

FL

Zip Code

33069

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

04/23/01

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

9. MANAGING MEMBERS / MEMBERS

TITLE ELVIRA SEMIDEY SILVA ☐ Delete  
NAME PRESIDENT  
STREET ADDRESS 903 CYPRESS GROVE  
CITY-ST-ZIP Pompom Beach, FL 33069

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

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  
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STREET ADDRESS  
CITY-ST-ZIP

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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

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

04/23/01 954-929889

Date

Daytime Phone #

CR2E083 (11/00)