2000 UNIFORM BUSINESS REPORT (UBR)

00 MAR 29 AM 11: 12 L99000007958 DOCUMENT # 1. Entity Name SECRETARY OF STATE FALLAHASSEE, FLORIDA DANIA WOODY, LLC Principal Place of Business Mailing Address 4860 NE 12TH AVENUE 4860 NE 12TH AVENUE FORT LAUDERDALE FL 33334-4804 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHMATZ, JOHN F Street Address (P.O. Box Number is Not Acceptable) 4860 NE 12TH AVENUE FORT LAUDERDALE FL 33334 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. Addition ☐ Delete TITLE MGRM TITLE HOLLAND, GERALD M NAME NAME 200003208452 RTREET ADDRESS STREET ADDRESS 4860 NE 12TH AVENUE -04/13/00--01134--022 CITY-81-7(P CITY-ST-ZIP FORT LAUDERDALE FL 33334 <u>*****50.00</u> *****50 00 Change Addition | ☐ Delete TITLE MGRM NAME SCHMATZ, JOHN F NAME STREET ADDRESS STREET ADDRESS 4860 NE 12TH AVENUE CITY-ST-ZIP . CITY-ST-ZIP FORT LAUDERDALE FL 33334 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY- 81-76 CITY-ST-ZIP Change Addition ☐ Deteta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-87-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delate TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 2T- 719 Addition | Delete TITLE ☐ Channa TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-8T-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 MADISING MEMBER OR MANA

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