2001 UNIFORM BUSINESS REPORT (UBR)
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Principal Place of Business 770 N.E. 38TH ST. BOCA RATON FL. 38431  2. Principal Place of Business  Suite, Apr. #, etc.  City & State  The Bock Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  3. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Flonda.  Signature, typed or printed name or registered agent and the II supication.  Make Check Pa State to Department of State  MARE  MILE HOME  MANAGING MEMBERS/MEMBERS  SINET ADDRESS  SINET	
770 N.E. 36TH ST.  BOCA RATON FL 33431  BOCA RATON FL 33431  BOCA RATON FL 33431  DIVIJION OF CORPORATIONS  Suite, Apri. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  City & State	
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  City & State Desired  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE  City FL Zip Code  Make Check Pa abole to Department of State  MGRM MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TILE MANE STREET ADDRESS  FREET ADDRESS  FREET ADDRESS  FREET ADDRESS  FREET ADDRESS  Free Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  ***********************************	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	
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Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required    Street Address of New Registered Agent   Street Address of New Registered Agent	
Some and Address of Current Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is N	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOT! Registered Agent signature required when reinstating)  DATE  FILE NOT! FEE IS \$50.00  Make Check Pa able to Department of State  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00  ******50.00	
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BOCA RATON FL 33431  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its egistered 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  FILE NK WITH FEE IG \$50.00  Make Check Pa lable to Department of State  #####\$50.00 #####\$50.00  MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  TITLE NAME NAME STREET ADDRESS  TON N.E. 36TH ST.  STREET ADDRESS	
8. The above named entity submits this statement for the purpose of changing its egistered 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  FILE N. WIII FEE 19 \$50.00  Wake Check Pa rable to Department of State  #####\$50.00 #####\$50.00  MANAGING MEMBERS/MEMBERS  ITILE NAME STREET ADDRESS  TO N.E. 36TH ST.	$\dashv$
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOT: Registered Agent signature required when reinstating)   DATE	
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11. I hereby certify that the information supplied with this filing does not qualify to 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 the state employed to execute this eport as required by Chapter 608, Florida Statutes.	
SIGNATURE: SIGNATURE SIGNATURE AND TOPED OR INTERPRETABLE OF SIGNING MEMBER, MAILAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Description Proper #	