

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

L99000008654

DOCUMENT #

1. Entity Name

WALL 2 WALL FUTBOL, L.L.C.

00 APR 18 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3855 LANDINGS DRIVE

2. Principal Place of Business

3855 Landings Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON FL.

City & State

MPM

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33496

USA

65-0970748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFREY A LEVINE
4000 N. FEDERAL HIGHWAY
SUITE 201
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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 registered office or registered agent, or both, in the State of Florida.

SIGNATURE

4/13/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete

MANAGING MEMBER
RALPH SINGER
3855 LANDINGS DRIVE
BOCA RATON FL 33496

TITLE ☐ Delete

MANAGING MEMBER
WARREN A METZER
5225 NW 58TH TERRACE
CORAL SPRINGS FL 33067

TITLE ☐ Delete

MEMBER
JOEL D. NATHAN
15. FOXWOOD GREEN CLOSE
ENFIELD EN12TB U.K.

TITLE ☐ Delete

MEMBER
PAUL E. SINGER
3. MONKFRITH CLOSE
LONDON N14 5NB U.K.

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

800003229948 -- 1

-04/28/00--01123--006

****50.00 ****50.00

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

RALPH SINGER

2-23-00

989 8800

561 2222

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

Date

Daytime Phone #

CR2E083 (11/99)