2000	O UNIFORM BUS	INESS REPO	ORT	(UBR)		HOVED HO			
	MENT #					.ED			
1. Entity Name					00 MAY -1	PH 12:	00		
DOLPHIN'S CHOICE, L.C.							1		
					SECRETAR' TALLAHASS	TIUF SIA	RIDA		
Principal Place of Business Mailing Address						1			
100 N. BISCAYNE BLVD. 100 N. E NEW WORLD TOWER, 21ST FL. NEW WORL MIAMI, FL 33132-2306 MIAMI, F			ÆR, 2	21ST FL.					
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt	7#, etc	Suite, Apt. #, etc.			DO NOT WE	 RIȚE:IN THIS:	SPACE =	يد مد	-
City & Sta	te	City & State			4. FEI Number	ļ i	A	pplied For	
Zip Country		Zip Cou		ntry	65-0969803		\$5.00 Ad	lot Applicable	-
	6. Name and Address of Current	Penistered Agent	<u> </u>	Т	Certificate of Status Desired Name and Address of New		Fee Require		-
DETIC	<u>سان جن سان میشند</u> د بایشنده <u>این شون است</u> اما مید	Registered Agent		Name	7. Name and Address of New	Registered .			
REUS, ALEXANDER ESQ. BAUR, WOODBRIDGE, REUS & KLEIN, P.A.				Street Addres	ss (P.O. Box Number is Not Acceptab	le)			1
100 N. MTAMT	BISCAYNE BLVD., STE. FL 33132-2306	2100		<u></u>		. !			1
,	111 33132 2300			City		FL	Zip Cod	de et	1
8. The above	named entity submits this statement for	the purpose of changing it	s register	ed office or regis	stered agent, or both, in the State of F				-
0.0.4.					_				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NO	TE: Registere	ed Agent signature requ	uired when reinsta(ing)	DATE			
		FILE N	III WOI	FEE IS \$50.0	0	ł			
		Make Check P	ayable t	o Departmen	t of State	1			
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS	: S/CHANGES			
TITLE NAME			TITU			į I	☐ Change	☐ Addition	(11/99)
STREET ADDRESS 100 N. BISCAYNE BLVD		, 21ST FL.		EET ADDRESS		1			1 ~
CITY-ST-ZIP	MIAMI, FL 33132-2306		CITY	/-ST-ZIP		260	950	a de Addition	CR2E08
TITLE NAME	L. Delete Ti N. N.			l	-05/22/00018f900-025/ *****50.00 *****50.0			025****** 50 DD	5
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP		,30,00		JU . UU	
TITLE		Delete	TITL	<u> </u>			☐ Change	Addition	1.
NAME STREET ADDRESS CITY-ST-ZIP				ME EET ADDR E SS '-ST-ZIP					ļ
TITLE		☐ Delete	TITLE	l		1	☐ Change	☐ Addition	1
NAME STREET ADDRESS		٠	NAM STRE	eet address					
CITY-ST-ZIP			CITY	'-ST-ZiP		; !			
اخ TITLE مغنی NAME		☐ Delete	TITLE			i F	☐ Change	Addition	
STREET ADDRESS				EET ADDRESS		ļ			
CITY-ST-ZIP TITLE		Delete	TITLE	-ST-ZIP		i	☐ Change	Addition	1
NAME		 .	NAM	i	•	!	_ ·	_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	•				{
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	this filing does not qualify for hat my signature shall have empowered to execute this	the exer the same report as	mption stated in e legal effect as i s required by Cha	Section 119.07(3)(i), Florida Statutes if made under oath; that I am a mana apter 608, Florida Statutes.	. I further cer iging membe	tify that the in	nformation er of the	
	12	RACUL		7 C 172	0 A C 11/1 A 11/20		77 115	2066	ð
SIGNAT		TED NAME OF SIGNING MANAGING	MEMBER C	R MANAGER	RAGULLA 4/20/		aytıme Phone #	0966	