

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99000009001

1. Entity Name

UNIQUE APPROACH, L.L.C.

Principal Place of Business

545 OAKS LANE  
BLDG. 68, #310  
POMPANO BEACH FL 33069

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3628926

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MS. SHIRLEY E. MARSH  
545 OAKS LANE  
BLDG. 68, #310  
POMPANO BCH FL 33069

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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

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

## 9. MANAGING MEMBERS/MEMBERS

## 10.

## ADDITIONS/CHANGES

TITLE	□ Delete	TITLE	□ Change	□ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	545 OAKS LANE, BLDG. 68, #310 POMPANO BEACH FL 33069	CITY-ST-ZIP	900003283749--5 -06/09/00-01113-019 *****50.00 *****50.00	□ Change
TITLE	□ Delete	TITLE	□ Change	□ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	□ Delete	TITLE	□ Change	□ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	□ Delete	TITLE	□ Change	□ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	□ Delete	TITLE	□ Change	□ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: *Shirley E. Marsh* MANAGER  
Shirley E. Marsh 4/17/00 954-956-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (1199)