

2000 UNIFORM BUSINESS REPORT (UBR)

7-15-11-00

DOCUMENT # **L99000009324**

1. Entity Name
CFO ONLINE LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PH 1:25



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6175 N.W. 32ND AVENUE
BOCA RATON FL 33496

Mailing Address
6175 N.W. 32ND AVENUE
BOCA RATON FL 33496

2. Principal Place of Business
23123 STATE ROAD 7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 236

City & State
BOCA RATON FL

City & State

4. FEI Number
12-5306193

Applied For
Not Applicable

Zip
33428

Country
USA

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MANAGING MEMBER
EDWARD M KAPLAN
6175 NW 32ND AVE
BOCA RATON FL 33496** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~DAVID B SHINE~~
**MANAGING MEMBER
DAVID B SHINE
82 DORAL FARM ROAD
STAMFORD CT 06902** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**700003350677--8
-08/09/00--01032--035
*****50.00 *****50.00** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: **Edward M Kaplan**

Date **23 July 2000**

Daytime Phone # **561-482-6080**

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

Date

Daytime Phone #

CR2E083 (5/00)