

2001 UNIFORM BUSINESS REPORT (UBR)

0001892 24

DOCUMENT # M00000000233

FILED

1. Entity Name

225 NORTH FEDERAL HIGHWAY LLC

01 APR 10 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3195 N. POWERLINE ROAD. #104 POMPANO BEACH FL 33069	Mailing Address 3195 N. POWERLINE ROAD. #104 POMPANO BEACH FL 33069
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0977946 APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

BRENNER, SCOTT P
3195 N. POWERLINE RD, #104
POMPANO BEACH FL 33069

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 _____ (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 DIRECTOR	<input type="checkbox"/> Delete
NAME SCOTT BRENNER	
STREET ADDRESS 3195 N. POWERLINE RD #104	
CITY-ST-ZIP POMPANO BEACH, FL 33069	
TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME MARC KOPELMAN	
STREET ADDRESS 3195 N. POWERLINE RD #104	
CITY-ST-ZIP POMPANO BEACH, FL 33069	
TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME BRIAN HOROWITZ	
STREET ADDRESS 3195 N. POWERLINE RD #104	
CITY-ST-ZIP POMPANO BEACH, FL 33069	
TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME HYMAN HOROWITZ	
STREET ADDRESS 3195 N. POWERLINE RD #104	
CITY-ST-ZIP POMPANO BEACH, FL 33069	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900004036979--6
-04/20/01--01130--026
*******50.00 *******

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: MARC A KOPELMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)