

2001 UNIFORM BUSINESS REPORT (UBR)

0019782 AF

DOCUMENT # M00000000280
1. Entity Name
 GLAD-FTM, LLC

FILED
 01 MAY -2 PM 6:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 8750-12 GLADIOLUS DRIVE FORT MYERS FL 33908
Mailing Address 8750-12 GLADIOLUS DRIVE FORT MYERS FL 33908



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

3. Mailing Address
 20533 Biscayne Blvd # 494
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE **MJH**

6. Name and Address of Current Registered Agent
 ZUKERMAN, HAIM
 8750-12 GLADIOLUS DRIVE
 FORT MYERS FL 33908

4. FEI Number 62-1772696
 Applied For Not Applicable

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	Haim Zuckerman	20533 Biscayne Blvd, # 494	Aventura, FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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: _____ **DATE:** Feb 15 2001 **DAYTIME PHONE #:** 305 466 2295

CR2E083 (11/00)