

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000438

1. Entity Name

SFI OF DELAWARE, LLC

FILED

00 JAN 24 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 12635  
NORFOLK VA 23541

Mailing Address

P.O. BOX 12635  
NORFOLK VA 23541-0635

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

54-1893769

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

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

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 NAME ☐ Delete  
MGRM  
WORKFLOW MGT INC.  
STREET ADDRESS 230 ROYAL PALM WAY  
CITY- ST- ZIP PALM BEACH FL 33480

TITLE NAME ☒ Change ☐  
MGRM  
WORKFLOW MGT INC.  
STREET ADDRESS 240 ROYAL PALM WAY  
CITY- ST- ZIP PALM BEACH FL 33480

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐  
500003118986  
-02/01/00--01100--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐  
STREET ADDRESS  
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:

SIGNATURE REQUIRED

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

1/14/00

Date

(757) 455-8001

Daytime Phone #