## 2000 UNIFORM BUSINESS REPORT (UBR)

2000	ONIFORM BOSI	MESS NEFO		<i>[</i> 2011]					<b>"</b> -	
DOCUMENT # M9800000636						SECRETARY OF				
NORMAN KASSER HOLDING COMPANY, L.L.C.						DIVISION OF CORPORATIONS  00 SEP -8 AM 10: 02				
Dringing! Dies	a of Pusinosa	Mailing Address				00 SEP -8 A	H 10: n:	>		
Principal Plac				~~~	Ô					
7280 CAMPANA COURT 7280 CAMPANA COURT BOCA RATON FL 33433 BOCA RATON FL 33433						•	-1	-{{ ·		
						# 1882 8 8 1 1 1 8 1 8 8 8 8 8 8 8 8 8 8	BUIL ABUR <b>A A</b> IIDI	i idala dan 1001	٠	
									•	
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State City & State					4. FEI Number Applied FO Not Applied FO Not Applied			<del>`</del>	}	
Zip	Country	Zip .	p . Country			5. Certificate of Status Desired				
<u> - پحب ڪمي -</u>	6. Name and Address of Current i	Registered Agent			7. Nam	e and Address of New Registered A	·	<u> </u>	1	
· · · · · · · · · · · · · · · · · · ·	Name .									
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					1	
1200 SOUTH PINE ISLAND ROAD									1	
PLANTATION FL 33324				City						
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 a	ired when reinstat	ing) DATE							
FILE NOW III.F							: سم <u>ن ج</u> د سميد	ستويوها هنج	د	
	yabie t	o Department	of State							
9. –	MANAGING MEMBE	RS/MANAGERS	₹10.	~~ <u> </u>		ADDITIONS/CHANGES			٦	
TITLE 😘	MGR	☐ Delete	TITL			500003391	Change	Addition	200	
NAME STREET ADDRESS	KASSER, NORMAN J 7280 CAMPANA COURT	,	NAM STRE	EET ADDRESS	•	-09/13/00		_	83	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY	'-ST-ZIP	<u>,                                    </u>	*****50.00		×50,00	R2E083 (5/00)	
TITLE	MGR	☐ Delete	TITL! NAM				Change	☐ Addition	ਹ	
NAME Street Address	GILLER, BEN 13200 SW 128TH STREET, SUITE	EET ADDRESS								
CITY-ST-ZIP	MIAMI: FL-33186			'-ST-ZIP						
TITLE	•	☐ Delete	TITL	•			- Change -	Addition_	<del>,-</del> =	
NAME STREET ADDRESS			nam Stre	EET ADDRESS		•		,	,	
CITY-ST-ZIP			CITY	'-ST-ZIP						
TITLE	4.	☐ Delete	TITL	1			Change	☐ Addition		
NAME STREET ADDRESS	7		, NAM STRE	EET ADDRESS		•	-			
CITY-ST-ZIP	1 Tu	_	CITY	'-ST-ZIP					]	
TITLE		☐ Delete	TITL	l l		41. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	Change	☐ Addition	ŀ	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS						
CITY-ST-ZIP			CITY	'-ST-ZIP						
TITLE		☐ Delete	TITL	4			Change	Addition		
NAME STREET ADDRESS			NAM STRE	EET ADDRESS		And the state of t				
CITY-ST-ZIP			CITY	-ST-ZIP		कि भी विकास			]	
11. I hereby certify that the information supplied with his 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 employeed to execute this report as required by Chapter 608, Florida Statutes.										
					•	c/1//				
SIGNAT		//dg/dl/\/\]	ass	ser_	<u> </u>	8/16/00				
	SIGNATURE AND TYPED OF PRIN	IYED NAME OP SIGNING WANAGING !	WEMBER (	OR MANAGER		/ Date / Da	ytime Phone #		1	