

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2000 08:00 AM**
Secretary of State**DOCUMENT # M99000000233****1. Entity Name**
CARTEMPS FINANCING L.L.C.**Principal Place of Business**110 SE 6TH STREET
REPUBLIC TOWER
FT. LAUDERDALE
33301

FL

Mailing Address110 SE 6TH STREET
REPUBLIC TOWER
FT. LAUDERDALE
33301

FL

2. Principal Place of Business

200 S. ANDREWS AVE.

3. Mailing Address

200 S. ANDREWS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE

FL

City & State

FT. LAUDERDALE

FL

4. FEI Number**41-1930027**

Applied For

Not Applicable

Zip

33301

Country**Zip**

33301

Country**5. Certificate of Status Desired**☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/03/2000

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS/MEMBERS**

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SORENSEN PETER H	
STREET ADDRESS	7700 FRANCE AVENUE	
CITY-ST-ZIP	MINEAPOLIS MN 55435	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BILOTTA FRANK B	
STREET ADDRESS	7700 FRANCE AVENUE	
CITY-ST-ZIP	MINEAPOLIS MN 55435	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BECKER MICHAEL J	
STREET ADDRESS	7700 FRANCE AVENUE	
CITY-ST-ZIP	MINEAPOLIS MN 55435	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BENZIAN JOHN M	
STREET ADDRESS	7700 FRANCE AVENUE	
CITY-ST-ZIP	MINEAPOLIS MN 55435	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MARTIN JOSEPH L	
STREET ADDRESS	7700 FRANCE AVENUE	
CITY-ST-ZIP	MINEAPOLIS MN 55435	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PARELL JEFFRY J	
STREET ADDRESS	7700 FRANCE AVENUE	
CITY-ST-ZIP	MINEAPOLIS MN 55435	

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	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN PETER H	
STREET ADDRESS	200 S. ANDREWS AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ HOWARD D	
STREET ADDRESS	200 S. ANDREWS AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYLE KATHLEEN W	
STREET ADDRESS	200 S. ANDREWS AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

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.