

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -5 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000690

1. Entity Name

ERHC Investment Group LLC

Principal Place of Business

Mailing Address

777 So. Flagler Dr., #909
West Palm Beach, Fl. 33401

777 So. Flagler Dr., #909
West Palm Beach, Fl. 33401

2. Principal Place of Business

515 No. Flagler Dr.

3. Mailing Address

515 No. Flagler Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1201

1201

City & State

West Palm Beach, Fl.

City & State

West Palm Beach, Fl.

4. FEI Number

65-0914149

Applied For

Not Applicable

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

Lee Hendelson

777 So. Flagler Dr., #909
West Palm Beach, Fl. 33401

Name

Ernest Chu

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

515 No. Flagler Dr., Suite 1201

City

West Palm Beach

FL

Zip Code

33401-4347

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

Ernest Chu

Ernest Chu, Manager

3/31/00

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 MGRM ☒ Delete
NAME Howard Talks
STREET ADDRESS 777 So. Flagler Dr., #909
CITY-ST-ZIP West Palm Beach, Fl. 33401

TITLE ☐ Change ☐ Addition
NAME 500003217295-4
STREET ADDRESS -04/20/00--01100--007
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME Ernest Chu
STREET ADDRESS 515 No. Flagler Dr., Suite 1201
CITY-ST-ZIP West Palm Beach, Fl. 33401-4347

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Ernest Chu

Ernest Chu,

3/31/00

Date

561-833-5560

Daytime Phone #

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