

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 28 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MDM

DOCUMENT # M99000001670

1. Entity Name
TODOCOM.COM, LLC

Principal Place of Business
2500 E HALLANDALE BEACH BLVD
SUITE 607
HALLANDALE FL 33009

Mailing Address
2500 E HALLANDALE BEACH BLVD
SUITE 607
HALLANDALE FL 33009-4839

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

65-0955424

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

BRAUN, JOSEPH M
2500 E HALLANDALE BEACH BLVD
SUITE 607
HALLANDALE FL 33009

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER JOSEPH M. BRAUN 2500 E. HALLANDALE BCH BLVD, #607 HALLANDALE FL 33009	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER MOISES BLUMEN 2500 E. HALLANDALE BCH BLVD, #607 HALLANDALE FL 33009	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER BRAM L. SCOLNICK 2500 E. HALLANDALE BCH BLVD, #607 HALLANDALE, FL 33009	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100003249361--D -05/11/00--01121--008 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00

Date

(954) 4575670

Daytime Phone #