

1/
1/2

FILED
Apr 18, 2002 8:00 am
Secretary of State

01-28-2002 90004 032 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013021

1. Entity Name

MSMRTECH, LLC

NIC NOT Filled

Principal Place of Business

350 EAST LAS OLAS BLVD., SUITE 1420
FT. LAUDERDALE FL 33301

Mailing Address

350 EAST LAS OLAS BLVD., SUITE 1420
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suits, Apt. #, etc.

Suits, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1126999

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

RODRIGUEZ, RAMON A
 350 EAST LAS OLAS BLVD., SUITE 1420
 FT. LAUDERDALE FL 33301

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

MANAGER
 RAMON A. RODRIGUEZ
 350 EAST LAS OLAS BLVD., SUITE 1420
 FT. LAUDERDALE, FL 33301

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

☐ 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)(1), 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.

CR2ED83 (9/01)