

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90020 009 \*\*\*\*50.00

**DOCUMENT # L01000015501**

1. Entity Name

**INMASE, LLC**

Principal Place of Business

**400 KING'S POINT DRIVE  
 SUITE 205  
 SUNNY ISLES BEACH FL 33160**

Mailing Address

**400 KING'S POINT DRIVE  
 SUITE 205  
 SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business

**300 Bayview Dr. Suite 108**

3. Mailing Address

**300 Bayview Dr.**

Suite, Apt. #, etc.

**suite # 108**

Suite, Apt. #, etc.

**Suite 108**

City & State

**Sunny Isles Beach**

City & State

**Sunny Isles Beach**

Zip

**FL 33160**

Country

**U.S.A.**

Zip

**33160**

Country

**U.S.A.**

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MACIA, FEDERICO M ESQ.  
 FEDERICO M. MACIA, P.A.  
 395 ALHAMBRA CIRCLE, SUITE 301  
 CORAL GABLES FL 33134**

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	PEREZ RODRIGUEZ, FRANCISCO J	400 KING'S POINT DRIVE SUITE 205	SUNNY ISLES BEACH FL 33160	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: FRANCISCO PEREZ RODRIGUEZ**

**04/06/02**

**(305) 956-2443**

CR2E083 (9/01)