


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90103 049 \*\*\*\*50.00

**DOCUMENT # L01000015501**

1. Entity Name  
**INMASE, LLC**



Principal Place of Business      Mailing Address

**300 BAYVIEW DR  
 STE 108  
 SUNNY ISLES BEACH FL 33160**

**300 BAYVIEW DR  
 STE 108  
 SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business      3. Mailing Address

**100 Bayview Dr  
 Suite, Apt. #, etc.  
 Ste 422**

**100 Bayview Dr  
 Suite, Apt. #, etc.  
 Suite 422**

City & State      City & State

**Sunny Isles Beach FL**      **Sunny Isles Beach FL**

Zip      Country      Zip      Country

**33160**      **U.S.A.**      **33160**      **U.S.A.**

4. FEI Number **APPLIED FOR**  
**651137128**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Francisco J Perez* **REQUIRED**      Date: 08/07/03      Daytime Phone #: (786) 287-3157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

651137128



CHECK HERE IF MAKING CHANGES

CR2E083 (4/03)