

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L02000031092**

1. Entity Name

SPACE 01 LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 25 PM 3:34

Principal Place of Business Mailing Address
7491 WEST OAKLAND PARK BLVD., SUITE 100 **7491 WEST OAKLAND PARK BLVD., SUITE 100**
LAUDERHILL FL 33319 **LAUDERHILL FL 33319**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **30-0129040** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent
GRUN, MORDECHAI
7491 WEST OAKLAND PARK BLVD., SUITE 100
LAUDERHILL FL 33319

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 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **100020810491**
CITY-ST-ZIP **06/12/03--01081--001 **50.00**
TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS **MANAGER**
CITY-ST-ZIP **MOSHE SAFIR**
7491 WEST OAKLAND PARK BLVD SUITE 100
LAUDERHILL FL 33319
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
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: **5/22/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)