

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -4 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000274

1. Entity Name
BROADBAND SOLUTIONS, L.L.C.

Principal Place of Business
2914 VIRGINIA STREET
MIAMI FL 33133

Mailing Address
2914 VIRGINIA STREET
MIAMI FL 33133



2. Principal Place of Business
6993 N.W. 82 Avenue

3. Mailing Address
6993 N.W. 82 Avenue

Suite, Apt. #, etc.
Bay 16

Suite, Apt. #, etc.
Bay 16

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0983243

Applied For
Not Applicable

Zip Country
33166 USA

Zip Country
33166 USA

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

6. Name and Address of Current Registered Agent

SCHWARTZ, TERRANCE S
141 NORTHEAST THIRD AVENUE, SUITE 601
MIAMI FL 33132

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

9. MANAGING MEMBERS/MEMBERS

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
Manager
Gordon Hecht
6993 N.W. 82 Avenue, Bay 16
Miami, Florida 33166

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
Manager
Sam Silverstein, Jr.
312 Union Building
Charleston, West Virginia 25301

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
600003994296--0
-04/12/01--01064--019
*****50.00 *****50.00

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:

SIGNATURE REQUIRED
Gordon Hecht, Manager

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

Date

Daytime Phone #

3/27/01

(305) 716-2797

CR2E083 (11/00)