

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90581 020 ****55.00

DOCUMENT # L00000001572

1. Entity Name

MARITIME CUSTOMER SERVICES, LLC

Principal Place of Business

**601 BRICKELL KEY DR., STE. 802
 MIAMI FL 33131**

Mailing Address

**601 BRICKELL KEY DR., STE. 802
 MIAMI FL 33131**

2. Principal Place of Business

6955 N.W. 52nd ST.

3. Mailing Address

6955 N.W. 52nd ST.

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0981762

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VAZQUEZ, GERARDO A ESQ.
 601 BRICKELL KEY DR., STE. 802
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **PEDRO M. GALLINAR & ASSOC. P.A.**

Street Address (P.O. Box Number is Not Acceptable)

6701 SUNSET DRIVE

100

City

MIAMI

FL

Zip Code

33143

8. The above named agent is authorized to execute this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature

[Handwritten Signature]

(Title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
 NAME **VAZQUEZ, GERARDO A** ☒ Delete
 STREET ADDRESS **601 BRICKELL KEY DR., STE. 802**
 CITY-ST-ZIP **MIAMI FL 33131**

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 **DS** ☐ Change ☒ Addition
 NAME **VILLARREAL, GABRIEL**
 STREET ADDRESS **6955 NW 52nd. ST. STE #108**
 CITY-ST-ZIP **MIAMI, FL, 33166**

TITLE **DP** ☐ Change ☒ Addition
 NAME **RAMIREZ, EDUARDO**
 STREET ADDRESS **6955 NW 52nd. ST. STE 108**
 CITY-ST-ZIP **MIAMI, FL, 33166**

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

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

CR2E083 (9/01)

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 the person authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Handwritten Signature]

JED

4-29-02

305-471-0059

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

Date

Daytime Phone #