2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006183

1. Entity Name

SEAGATE MECHANICAL SERVICES, L.L.C.

FILED

01 JUN 22 AM 11: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2744 OAKBROOK DRIVE	2744 OAKBROOK DRIVE
WESTON FL 33332	WESTON FL 33332

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

Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-1014064 ☐ Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EISLER, MICAHEL J 4700 BISCAYNE BLVD., SUITE 200 MIAMI FL 33137	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		10. ADDITIONS/CHANGES	
TITLE *President* NAME *Mindy Schechter* STREET ADDRESS *2744 Oakbrook Dr.* CITY-ST-ZIP *Weston, FL 33332*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE *men* NAME *Jennifer Monahan* STREET ADDRESS *14 Hadland Drive* CITY-ST-ZIP *Huntington, NY 11743*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500004452345--9 -06/29/01--01097--004 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Mindy Schechter_   5/1/01 954 599 3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)