

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000007726**

1. Entity Name

IPHIMEDIA L.C.

FILED

01 SEP 17 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**407 LINCOLN ROAD, SUITE 2A
MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN ROAD, SUITE 2A
MIAMI BEACH FL 33139**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 191621

City & State

City & State

Miami Beach, FL

Zip

Country

Zip

Country

33119

USA

4. FEI Number

65-1017919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRATTON, DOUGLAS D
407 LINCOLN ROAD, SUITE 2A
MIAMI BEACH FL 33139**

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
Due By September 26, 2001**

900004612499--7

-09/26/01--01075--006

*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BEM, EUGENE S
277 NORTH COCONUT LANE
MIAMI BEACH FL 33139**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Bem, Eugene S
PO Box 191621
Miami Beach, Florida 33119**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

09/10/2001

305-742-4331

STAPLE CHECK HERE

CR2E083 (5/01)