

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008792

1. Entity Name  
GINSBURG ENGINEERING, LLC

Principal Place of Business  
9858 GLADES RD., #237  
BOCA RATON FL 33434

Mailing Address  
9858 GLADES RD., #237  
BOCA RATON FL 33434

FILED

01 MAY -2 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
11074 SEAPORT LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State

4. FEI Number  
65-1031022

Applied For  
Not Applicable

Zip Country  
33428 USA

Zip Country

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

GINSBURG, ADAM J  
11074 SEAPORT LANE  
BOCA RATON FL 33428

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

800004316158--9  
-05/25/01--01004--017  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*

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

Date

Daytime Phone #

4/22/01

CR2E083 (11/00)