

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008792

1. Entity Name

GINSBURG ENGINEERING, LLC

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90226 002 \*\*\*\*50.00

Principal Place of Business

11074 SEAPORT LANE  
BOCA RATON FL 33428

Mailing Address

11074 SEAPORT LANE  
BOCA RATON FL 33428

966999

2. Principal Place of Business

3. Mailing Address

9858 Glades Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#237

City & State

City & State

Boca Raton, FL

4. FEI Number

65-1031022

Applied For

Not Applicable

Zip

Country

Zip

Country

33434

USA

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GINSBURG, ADAM J  
11074 SEAPORT LANE  
BOCA RATON FL 33428 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GINSBURG, STEPHANIE  
11074 SEAPORT LANE  
BOCA RATON FL 33428 ☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

4/28/02

561-483-5547

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

Date

Daytime Phone #

CR2E083 (9/01)