

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010907

1. Entity Name

EXPLOY, LLC

FILED

01 MAY 30 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MJH**

Principal Place of Business

901 YAMATO ROAD, SUITE 130  
BOCA RATON FL 33431

Mailing Address

901 YAMATO ROAD, SUITE 130  
BOCA RATON FL 33431

2. Principal Place of Business

6700 N Andrews Ave.

Suite, Apt. #, etc.

401

City & State

Ft. Lauderdale, Florida

Zip

33309

Country

USA

3. Mailing Address

6700 N. Andrews Ave.

Suite, Apt. #, etc.

401

City & State

Ft. Lauderdale, Florida

Zip

33309

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKLID, ERIK

901 YAMATO ROAD, SUITE 130  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

ERIK BAKLID

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

6700 N Andrews Avenue Suite 401

City

Ft. Lauderdale

FL

Zip Code

33309

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]* ERIK BAKLID

MAY 15th 2001

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

TITLE President  
NAME ERIK BAKLID  
STREET ADDRESS 7088 VIA MARBELLA  
CITY-ST-ZIP BOCA RATON, FL 33433-1042

☐ Delete

TITLE  
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STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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NAME  
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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]* ERIK BAKLID

MAY 15th 2001 1-954-229-8282

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

Date

Daytime Phone #

CR2E083 (11/00)

0014482 AF