

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90234 029 *****50.00

0018125

DOCUMENT # L00000015338

1. Entity Name

EBX OPTIK, L.C.



Principal Place of Business

**5825 SUNSET DR., STE. 200
SOUTH MIAMI FL 33143**

Mailing Address

**5825 SUNSET DR., STE. 200
SOUTH MIAMI FL 33143**

2. Principal Place of Business

5825 SUNSET DR

3. Mailing Address

5825 SUNSET DR

Suite, Apt. #, etc.

SUITE 309

Suite, Apt. #, etc.

SUITE 309

City & State

SOUTH MIAMI, FL

City & State

SOUTH MIAMI, FL

Zip

33143

Country

USA

Zip

33143

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1080749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOLANOS TRUXTON, PA
2121 PONCE DE LEON BLVD., STE. 600
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BEINER, EDWARD W**
STREET ADDRESS **5825 SUNSET DR., STE. 200**
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10020 SW 70 AVE**
CITY-ST-ZIP **MIAMI, FL 33156**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

EDWARD BEINER

SIGNATURE:

SIGNATURE REQUIRED

305-666-8731

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

Date

Daytime Phone #

CR2E083 (10/02)