

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO1000000358**

1. Entity Name

AMERIBRIDGE INTERNATIONAL, L.C.

Principal Place of Business

ONE FINANCIAL PLAZA, 22ND FLOOR
FT. LAUDERDALE FL 33394

Mailing Address

ONE FINANCIAL PLAZA, 22ND FLOOR
FT. LAUDERDALE FL 33394

2. Principal Place of Business

1900 W COMMERCIAL BLV.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5843
Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL.

City & State

FORT LAUDERDALE FL.

Zip

33309

Country

U.S.A.

Zip

33310

Country

U.S.A.

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

**MOYLE, BERNARD T ESQ.
BENSON, MOYLE & MUCCI, LLP
ONE FINANCIAL PLAZA, SUITE 1600
FORT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

Name

STEN WALDO

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

1900 W COMMERCIAL BLVD.

FORT 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/02

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MANAGING MEMBER |
| STREET ADDRESS | STEN WALDO |
| CITY-ST-ZIP | 1900 W COMMERCIAL BLVD. FORT LAUDERDALE FL. 33309 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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.

SIGNATURE:

SIGNATURE REQUIRED

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

1/18/02 (954) 333-7777

Date Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

03-20-2002 90007 028 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)