

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90108 001 ****50.00

DOCUMENT # L01000002122



1. Entity Name
SCALE & DIMENSION, L.L.C.

Principal Place of Business

**1910 CEDAR CT.
WESTON FL 33327**

Mailing Address

**1910 CEDAR CT.
WESTON FL 33327**

20015000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1075380**

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**VARGAS PENA, LUIS ALEJANDRO
1910 CEDAR CT.
WESTON FL 33327**

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

Luis Alejandro Vargas Pena **Luis Vargas**

1-8-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** Delete
NAME **VARGAS, LUIS**
STREET ADDRESS **1910 CEDAR CT.**
CITY-ST-ZIP **WESTON FL 33327**

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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.

SIGNATURE: *Luis Alejandro Vargas Pena* **Luis Vargas**

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

Date

Daytime Phone #

1-8-03 954-349-6756

CR2E083 (10/02)