

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

02-05-2003 90037 007 ****55.00

DOCUMENT # L01000004093

1. Entity Name
CENTRIX USA



Principal Place of Business
**1500 W. CYPRESS CREEK ROAD
SUITE 407
FT. LAUDERDALE FL 33309**

Mailing Address
**1500 W. CYPRESS CREEK ROAD
SUITE 407
FT. LAUDERDALE FL 33309**

2. Principal Place of Business
**1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.**

3. Mailing Address
**1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.**

City & State
DEERFIELD BEACH, FL
Zip
33442
Country
BROWARD

City & State
DEERFIELD BEACH, FL
Zip
33442
Country
BROWARD

4. FEI Number **65-1088898**

Applied For
Not Applicable

5. Certificate of Status Desired **7** **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ISMAIL, YUNUS
731 NW 84 AVE.
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name
MARKATIA, MOHAMMED A

Street Address (P.O. Box Number is Not Acceptable)
1215 W. NEWPORT CTR DR

City
DEERFIELD BEACH FL Zip Code
33442

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ISMAIL, YUNUS
731 NW 84 AVE.
PEMBROKE PINES FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO/MGR
MARKATIA, MOHAMMED A
1215 W. NEWPORT CTR DRIVE
DEERFIELD BEACH, FL 33442** ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 *Markatia, Mohammed A*

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

1-27-03

Date

954-418-8620

Daytime Phone #

CR2E083 (10/02)