

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90023 016 ****55.00

DOCUMENT # L01000004094

1. Entity Name
CENTRIX MANAGEMENT, LLC



Principal Place of Business

1500 W. CYPRESS CREEK RD.
SUITE 407
FT. LAUDERDALE FL 33309

Mailing Address

1500 W. CYPRESS CREEK RD.
SUITE 407
FT. LAUDERDALE FL 33309

20022935



☐ CHECK HERE IF MAKING CHANGES

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

City & State

DEERFIELD BEACH, FL

4. FEI Number **65-1088893**

Applied For

Not Applicable

Zip

33442

Country

BROWARD

Zip

33442

Country

BROWARD

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

ISMAIL, YUNUS
731 NW 84TH 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
MGR
ISMAIL, YUNUS
731 NW 84 AVENUE
PEMBROKE PINES FL 33024

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MARKATIA MOHAMMED A
1215 W. NEWPORT CTR DR
DEERFIELD BEACH FL 33442

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 REQUIRED**

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)