

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90037 001 \*\*\*\*55.00

DOCUMENT # L01000004095



1. Entity Name

CENTRIX TELECOM, 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

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

Zip

33442

Country

BROWARD

Zip

33442

Country

BROWARD

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 MGR  
NAME ISMAIL, YUNUS  
STREET ADDRESS 731 NW 84 AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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 Markatia

1-27-03

954-418-8620

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

Date

Daytime Phone #

CR2E083 (10/02)