

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90027 030 \*\*\*\*50.00

**DOCUMENT # L01000004541**

1. Entity Name

**STRUCTURE-1, LLC**



Principal Place of Business

**9715 WEST BROWARD BLVD.. PMB 147  
PLANTATION FL 33324**

Mailing Address

**9715 WEST BROWARD BLVD.. PMB 147  
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**JUMPING JAX TAX, INC.  
1940 HARRISON ST., STE. 200-B  
HOLLYWOOD FL 33020-5072**

7. Name and Address of New Registered Agent

Name

**JUMPING JAX TAX, INC.**

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

**1940 HARRISON ST., STE. 200-B**

City

**HOLLYWOOD**

FL

Zip Code

**33020-5072**

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

*John J. Malerba*

**JOHN J. MALERBA, CEO**

**1 MARCH 2003**

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** ☐ Delete  
NAME **MCKENZIE, KARIBE O**  
STREET ADDRESS **9715 W BROWARD BLVD SUITE 147**  
CITY-ST-ZIP **PLANTATION FL 33324-2351**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ 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]**

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

**1 MARCH 2003 (800) 203-2345**

Date

Daytime Phone #

CR2E083 (10/02)