

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90273 036 ****50.00

DOCUMENT # L01000006470

1. Entity Name

INFORMATION DISPLAY TECHNOLOGIES LLC

Principal Place of Business

~~224 SOUTH MILITARY TRAIL~~
~~DEERFIELD BEACH FL 33442~~

Mailing Address

~~224 SOUTH MILITARY TRAIL~~
~~DEERFIELD BEACH FL 33442~~

957414

2. Principal Place of Business

5375 N. HIATUS RD.

3. Mailing Address

5375 N. HIATUS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-1098616

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
 NAME **MGR MOSES, ROBERT**
 STREET ADDRESS ~~224 SOUTH MILITARY TRAIL~~
 CITY-ST-ZIP ~~DEERFIELD BEACH FL 33442~~

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2100 NW 127 AVE**
 CITY-ST-ZIP **PENNSBORO PINES, FL 33028**

TITLE ☐ Delete
 NAME **MGR SPARROW, DANIEL**
 STREET ADDRESS **224 SOUTH MILITARY TRAIL**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7705 SOLIMAR CIR.**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

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

Date

Daytime Phone #

5/1/02 957414 749-3700

CR2E083 (9/01)