

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90298 001 \*\*\*250.00

**DOCUMENT # L01000007539**

**1. Entity Name**

MSQ HOLDINGS, LLC

**Principal Place of Business**

**Mailing Address**

1200 BRICKELL AVE. SUITE 900  
 C/O AGI REGISTERED AGENTS INC.  
 MIAMI FL 33131

**2. Principal Place of Business**

1200 Brickell Ave.

**3. Mailing Address**

Suite, Apt. #, etc.

Suite 900

**City & State**

Miami Florida

**Zip**  
 33131

**Country**  
 U.S.A

**Zip**

**Country**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

☒ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired**

☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVE. SUITE 900  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**

**Name**  
 AGT Registered Agents Inc.

**Street Address (P.O. Box Number is Not Acceptable)**  
 1200 Brickell Avenue

Suite 900

**City**

Miami

**FL**

**Zip Code**

33131

**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]* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/02  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
 MGR  
**NAME**  
 Blandon Lincoln, Balbino  
**STREET ADDRESS**  
 4643 Eagle Peak Drive  
**CITY-ST-ZIP**  
 Kissimmee, FL 34746

☐ Delete

**TITLE**  
 MGR  
**NAME**  
 Avesada Gomez, Martha Solange  
**STREET ADDRESS**  
 4643 Eagle Peak Drive  
**CITY-ST-ZIP**  
 Kissimmee, FL 34746

☐ Delete

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

☐ Delete

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

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

☐ Delete

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

☐ Delete

**10. ADDITIONS/CHANGES**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(a), 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]* **attly in fact**

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

4/30/02

DATE

DESIGNATION