

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

01-23-2002 90083 023 ****50.00

DOCUMENT # L01000007928

1. Entity Name

RMG ASSOCIATES, L.L.C.

Principal Place of Business

8505 N.W. 49TH DRIVE
CORAL SPRINGS FL 33067

Mailing Address

8505 N.W. 49TH DRIVE
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. 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

HART, BRIAN A
ONE SOUTHEAST THIRD AVE.
SUNTRUST INTERNATIONAL CENTER 17TH FLOOR
MIAMI FL 33131

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 reappointing)

DATE

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

9. *President* **MANAGING MEMBERS/MANAGERS**10. **ADDITIONS/CHANGES**

TITLE NAME *Gina M. RUMASUGLIA* ☐ Delete
 STREET ADDRESS *8505 NW 49 DR.*
 CITY-ST-ZIP *CORAL SPRINGS, FL 33067*

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

TITLE NAME *Sec. Treas.* ☐ Delete
 STREET ADDRESS *MARIO RUMASUGLIA*
 CITY-ST-ZIP *same*

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
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 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:*Mario Rumasuglia*

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

Date

Daytime Phone #

1-16-02

954-340 0969

CP2E083 (9/01)