

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90580 009 ****50.00

DOCUMENT # L01000008810

1. Entity Name

MVS MARKET RESEARCH, LLC

EIN: 52-2329806

Principal Place of Business

11474 CLAYMORE CIR.
 WINDERMERE FL 34786

Mailing Address

11474 CLAYMORE CIR.
 WINDERMERE FL 34786

2. Principal Place of Business

8356 Bowden Way

3. Mailing Address

8356 Bowden Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermere, FL

City & State

Windermere FL

Zip

34786

Country

USA

Zip

34786

Country

USA

4. FEI Number

52-2329806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POHL & SHORT, P.A.
 280 W. CANTON AVE. SUITE 410
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

Luis Soto

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02

DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
MVS INVESTIGACIONES DE MERCADO, C.A.
CALLE EL CARMEN, CENTRO DOS CAMINOS
CARACAS 1071 VENEZUELA

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS / CHANGES

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 CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E083 (9/01)

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

4/26/02

321 695 6986

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

Date

Daytime Phone #