

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90119 007 ****50.00

DOCUMENT # L01000009793

1. Entity Name

PRO-SCALE MODELS, L.L.C.

Principal Place of Business

**12596 S.W. 128TH STREET
MIAMI FL 33196**

Mailing Address

**12596 S.W. 128TH STREET
MIAMI FL 33196**

2. Principal Place of Business

13912 SW 139 Ct

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33186

Country

DADE

Country

4. FEI Number

65-1115606

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARGOLIS, JOHN A
9990 S.W. 77TH AVE.
SUITE 330
MIAMI FL 33156-2699**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGRM
WANAMAKER, JOHN
12596 S.W. 128TH STREET
MIAMI FL 33196**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGRM
LAUGHLIN, MICHAEL A
12596 S.W. 128TH STREET
MIAMI FL 33196**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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:**John M. Wanamaker**

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

Date

4/21/02 305-234-9939

Daytime Phone #

CP2E083 (9/01)