

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90244 033 \*\*\*\*50.00

**DOCUMENT # L01000011721**

1. Entity Name

**CALL CENTER SOLUTIONS, LLC**

Principal Place of Business

**321 ROSEDALE DR.  
MIAMI SPRINGS FL 33166**

Mailing Address

**321 ROSEDALE DR.  
MIAMI SPRINGS FL 33166**

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

**36-4454130**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name **Seth Werner**

Street Address (P.O. Box Number is Not Acceptable)

**4975 SW 85 STREET**

City **MIAMI**

**FL**

Zip Code **33143**

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

**1-10-02**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **Chairman** ☐ Delete

NAME **Seth Werner**  
STREET ADDRESS **4975 SW 85 Street**  
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **President & COO** ☒ Delete

NAME **Robert Grosz**  
STREET ADDRESS **39 Windgate Drive**  
CITY-ST-ZIP **New City, NY 10956**

TITLE **Secretary & Treasurer** ☐ Delete

NAME **Chris Anderson**  
STREET ADDRESS **321 Rosedale Drive**  
CITY-ST-ZIP **MIAMI SPRING, FL 33166**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Chairman, President & COO** ☒ Change ☐ Addition

NAME **Seth Werner**  
STREET ADDRESS **4975 SW 85 Street**  
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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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 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:

**Seth Werner**

**1-10-02**

**305-662-1180**

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

Date

Daytime Phone #

CR2E083 (9/01)