

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90206 048 \*\*\*\*50.00

**DOCUMENT # L01000014643**

1. Entity Name

**PROFUSION NUMBER TWO, LLC**

**965753**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2223 NORTH WESTSHORE BOULEVARD  
 UNIT B-228  
 TAMPA FL 33607  
 US**

Mailing Address

**2223 NORTH WESTSHORE BOULEVARD  
 UNIT B-228  
 TAMPA FL 33607  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-3524149**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

**MAH, CLARENCE  
 2223 NORTH WESTSHORE BOULEVARD  
 UNIT B-228  
 TAMPA FL 33607**

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

10. ADDITIONS/CHANGES

TITLE **MANAGING DIRECTOR** ☐ Delete  
 NAME **HAZEL MAH**  
 STREET ADDRESS **FL 33634**  
 CITY-ST-ZIP **5330 ARCHSTONE DR #307 TAMPA**

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

TITLE **MANAGING DIRECTOR** ☐ Delete  
 NAME **CHUCK MAH**  
 STREET ADDRESS **FL 33634**  
 CITY-ST-ZIP **5330 ARCHSTONE DR #308 TAMPA**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:**

**SIGNATURE REQUIRED MAH**

**APRIL 28/2002**

**813  
 353-8420**

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

Date

Daytime Phone #

CR2E083 (9/01)