## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000014974

Country

6. Name and Address of Current Registered Agent

1. Entity Name

MB ELECTRIC, L.L.C.

Suite, Apt. #, etc.

**BROIDE, ISREAL** 

**1786 N. COMMERCE PARKWAY** 

City & State

Zip

Principal Place of Business Mailing Address 1786 N. COMMERCE PARKWAY 1786 N. COMMERCE PARKWAY WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address

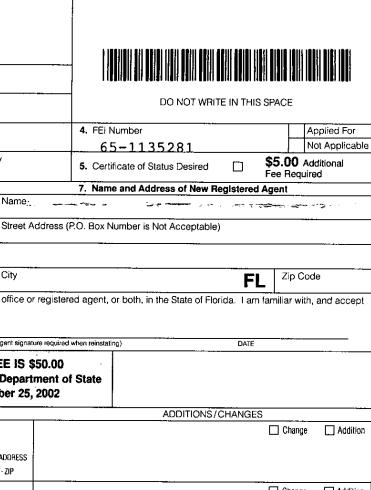
Suite, Apt. #, etc.

City & State

Zip

## **FILED** Jul 11, 2002 8:00 am Secretary of State

07-11-2002 90247 006 \*\*\*\*50.00



WES	TON FL 33326				<del></del>	
•			City	FL	Zip Code	e
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE Make Check F Due E			/!!! FEE IS \$50.00 bie to Department of eptember 25, 2002			
9.	MANAGING MEMBERS/MA	NAGERS	10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROIDE, ISRAEL 1786 N. COMMERCE PARKWAY WESTON FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition

Country

Name:

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: