

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90080 011 ****50.00

DOCUMENT # L01000015074

1. Entity Name

OUTSIDE THE BOX CONSULTANTS, LLC

Principal Place of Business

**350 NW 59TH AVE.
 MIAMI FL 33126**

Mailing Address

**350 NW 59TH AVE.
 MIAMI FL 33126**

2. Principal Place of Business

2551 SW 2nd Street

3. Mailing Address

2551 SW 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami - Florida

City & State

miami - Florida

4. FEI Number

05-1137222

Applied For

Not Applicable

Zip

33135

Country

Zip

33135

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ESCARRA, IRIS
 2151 S. LEJEUNE ROAD SUITE 310
 CORAL GABLES FL 33134**

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
 ESCARRA, ANTHONY M
 350 NW 59TH AVE.
 MIAMI FL 33126**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 Escarra, Anthony M.
 2551 SW 2nd Street
 Miami FL 33135**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

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

Date

Daytime Phone #

CR2E083 (9/01)