

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90020 009 *****50.00

DOCUMENT # L01000015501

1. Entity Name

INMASE, LLC

Principal Place of Business

**400 KING'S POINT DRIVE
 SUITE 205
 SUNNY ISLES BEACH FL 33160**

Mailing Address

**400 KING'S POINT DRIVE
 SUITE 205
 SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business

300 Bayview Dr. Suite 108

3. Mailing Address

300 Bayview Dr.

Suite, Apt. #, etc.

Suite # 108

Suite, Apt. #, etc.

Suite 108

City & State

Sunny Isles Beach

City & State

Sunny Isles Beach

Zip

FL 33160

Country

U.S.A.

Zip

33160

Country

U.S.A.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MACIA, FEDERICO M ESQ.
 FEDERICO M. MACIA, P.A.
 395 ALHAMBRA CIRCLE, SUITE 301
 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 **MGRM** ☐ Delete
 NAME **PEREZ RODRIGUEZ, FRANCISCO J**
 STREET ADDRESS **400 KING'S POINT DRIVE SUITE 205**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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: FRANCISCO PEREZ RODRIGUEZ

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

04/06/02

Date

(305) 956-2443

Daytime Phone #

CR2E083 (9/01)