

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

08-11-2003 90103 049 *****50.00

DOCUMENT # L01000015501

1. Entity Name
INMASE, LLC



Principal Place of Business

Mailing Address

**300 BAYVIEW DR
STE 108
SUNNY ISLES BEACH FL 33160**

**300 BAYVIEW DR
STE 108
SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business

100 Bayview Dr

3. Mailing Address

100 Bayview Dr

Suite, Apt. #, etc.

Ste 422

Suite, Apt. #, etc.

Ste 422

City & State

Sunny Isles Beach FL

City & State

Sunny Isles Beach FL

Zip

33160

Country

U.S.A.

Zip

33160

Country

U.S.A.

4. FEI Number **APPLIED FOR
651137128**

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. 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 NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

REQUIRED

08/07/03

(786) 281-3157

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

Date

Daytime Phone #

CR2E083 (4/03)