

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90006 001 ***100.00

DOCUMENT # L01000017056

1. Entity Name

NETROX2001, LLC

Principal Place of Business

**100 S BISCAYNE BLVD
 #1201
 MIAMI FL 33131**

Mailing Address

**100 S BISCAYNE BLVD
 #1201
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0048685

Applied For

Not Applicable

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

**MARCUS, DAVID
 100 S BISCAYNE BLVD
 #1201
 MIAMI FL 33131**

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 Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
Member	MARCUS, DAVID	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	100 South Biscayne Blvd	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Member	MARCUS, GREG	STREET ADDRESS	
STREET ADDRESS	100 South Biscayne Blvd	CITY-ST-ZIP	
CITY-ST-ZIP	Miami, FL 33131		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Member	MARCUS, ANDREW	STREET ADDRESS	
STREET ADDRESS	100 South Biscayne Blvd	CITY-ST-ZIP	
CITY-ST-ZIP	Miami, FL 33131		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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**

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

Date

Daytime Phone #

9/25/02 x 305-374-3031

CR2E083 (4/02)