

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90590 036 ****50.00

DOCUMENT # L01000019128

1. Entity Name

M2 GROUP, LLC

Principal Place of Business

**7777 GLADES ROAD
 SUITE 300
 BOCA RATON FL 33434**

Mailing Address

**7777 GLADES ROAD
 SUITE 300
 BOCA RATON FL 33434**

957913

2. Principal Place of Business

3. Mailing Address

1350 N TOWN CENTER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2053

City & State

City & State

LAS VEGAS, NV

4. FEI Number

65-1156347

Applied For

Not Applicable

Zip

Country

Zip

89144

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVID J. POWERS, P.A.
 7777 GLADES ROAD
 SUITE 300
 BOCA RATON FL 33434**

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

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Delete
 NAME **ABU M RAHMAN**
 STREET ADDRESS **1350 N TOWN CENTER DR #2053**
 CITY-ST-ZIP **LAS VEGAS, NV 89144**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

4/16/02

762-210-7643

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

Date

Daytime Phone #

CR2E083 (9/01)