

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L0100009211**

1. Entity Name

Medata Consulting

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FLORIDA

Suite, Apt. #, etc.

1108

3. Mailing Address

465 Ocean drive

Suite, Apt. #, etc.

1108

FILED
2002 OCT 16 AM 9:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State

MIAMI Beach, FL

Zip

33139

Country

USA

City & State

MIAMI Beach, FL

Zip

33139

Country

USA

4. FEI Number

65-1152239

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MATTHEW KRAE

Street Address (P.O. Box Number is Not Acceptable)

465 Ocean drive

City

MIAMI Beach

FL

Zip Code

33139

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

Matthew Krae

Signature, typed or printed name of registered agent and title if applicable.

10/1/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

president
MATTHEW KRAE
465 Ocean drive 1108
MIAMI Beach, FL 33139

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

000008407930
10/16/02-0102-00
*******30.00 *****50.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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:

Matthew Krae

Signature and typed or printed name of signing managing member, manager, or authorized representative

10/1/02

Date

786-488-5722

Daytime Phone #

CR#E083B (12/01)