1 of 2

2002-2003

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN -3 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020556

1. Entity Name
Data Exchange, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
400 – 41st Street
Suite, Apt. #, etc.
Suite 104
City & State
Miami Beach, Fl
Zip 33140 Country USA

3. Mailing Address
400 – 41st Street
Suite, Apt. #, etc.
Suite 104
City & State
Miami Beach, Fl
Zip 33140 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
X Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Adam Frank
Street Address (P.O. Box Number is Not Acceptable): 400 – 41st Street Suite 104
City: Miami Beach FL Zip Code 33140

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]
Signature, typed or printed name of registered agent and title if applicable
12/30/02
DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

300009796633
01/03/03--01015--003 **100.00

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Adam Frank 400 – 41st Street Suite 104 Miami Beach, Fl. 33140	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E083B (12/01)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
12/30/02
Date

2 of 2

FILED

Data Exchange, LLC
400 – 41st Street Suite 104
Miami Beach, Fl. 33140

03 JAN -3 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 2, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl
32314

To Whom It May Concern:

This is to certify that we at Data Exchange LLC did not receive our UBR for the year of 2002. **Please note our new address:**

400 – 41st Street Suite 104
Miami Beach, Fl 33140.

Enclosed please find check for $100.00 for year 2002, year 2003.
I have also enclosed the UBR for 2003

Thanking you in advance,

Sincerely,

Adam Frank, MGRM