

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90011 026 ****50.00

0026320

DOCUMENT # L02000007663

1. Entity Name:

MOLD CONCEPTS COMPANY, LLC



Principal Place of Business

1033 N.E. 43RD COURT
OAKLAND PARK FL 33334

Mailing Address

1033 N.E. 43RD COURT
OAKLAND PARK FL 33334

2. Principal Place of Business

4701 SW 45 ST

Suite, Apt. #, etc.

BLDG 5 UNIT 24

City & State

DAVIE FL.

3. Mailing Address

3671 NW 94TH AVE

Suite, Apt. #, etc.

J-6

City & State

SUNRISE FL

Zip

33314

Country

U.S.A.

Zip

33351

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0605979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVELLAN, LILIANA V
201 ALHAMBRA CIRCLE, SUITE 500
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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME NUNEZ, ENRICO
STREET ADDRESS 20 MOLYNES ROAD
CITY-ST-ZIP KINGSTON 10, JAMAICA

TITLE MGR ☐ Delete
NAME NUNEZ, CHRISTOPHER
STREET ADDRESS 20 MOLYNES ROAD
CITY-ST-ZIP KINGSTON 10, JAMAICA

TITLE MGR ☒ Delete
NAME NUNEZ, JACQUELINE
STREET ADDRESS 20 MOLYNES ROAD
CITY-ST-ZIP KINGSTON 10, JAMAICA

TITLE MGR ☐ Delete
NAME NUNEZ, KASHIMA
STREET ADDRESS 20 MOLYNES ROAD
CITY-ST-ZIP KINGSTON 10, JAMAICA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME NUNEZ, ENRICO
STREET ADDRESS 3671 NW 94TH AVE
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE MGR ☒ Change ☐ Addition
NAME NUNEZ, JACQUELINE
STREET ADDRESS 3671 NW 94TH AVE
CITY-ST-ZIP SUNRISE FL 33351

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

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

3-29-03

954-592-7709

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

Date

Daytime Phone #

CR2E083 (10/02)