

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000008417

FILED
Apr 01, 2003
Secretary of State

Entity Name: SOUTH FLORIDA IMAGING SUPPLY, L.L.C.

Current Principal Place of Business:

14610 SW 173 STREET
MIAMI, FL 33177

New Principal Place of Business:

7112 NW 50TH STREET
MIAMI, FL 33166 US

Current Mailing Address:

14610 SW 173 STREET
MIAMI, FL 33177

New Mailing Address:

14610 SW 173RD STREET
MIAMI, FL 33177 US

FEI Number: 75-3044457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERGER, DAVID S
100 NORTH BISCAYNE BOULEVARD
2608
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

ESPINOSA, JESUS
14610 SW 173RD STREET
MIAMI, FL 33177 US

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: JESUS ESPINOSA

04/01/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ESPINOSA, JESUS
Address: 14610 SW 173 STREET
City-St-Zip: MIAMI, FL 33177

Title: MGRM (X) Delete
Name: PUGH, JEAN E
Address: 1401 NW 159 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESPINOSA, JESUS
Address: 14610 SW 173RD STREET
City-St-Zip: MIAMI, FL 33177 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JESUS ESPINOSA

MGRM

04/01/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date