

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90012 004 ****50.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013345

1. Entity Name

MSM ENTERPRISE LLC

30047847

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5887 NW 79 WAY

Suite, Apt. #, etc

3. Mailing Address

5887 NW 79 WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PARKLAND, FL

Zip

33067

Country

City & State

PARKLAND, FL

Zip

33067

Country

4. FEI Number

02-0609970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RANDOLPH SALVANT

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

8421 LAGOS DEL CAMPO, APT T-205

City

TAMARAC

FL

Zip Code

33321

**DO NOT WRITE
IN THIS SPACE**

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.

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
**MGR
MARTELLY, LESLY
5887 NW 79 WAY
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SALVANT, ERNST
8640 NW 32 ST
PARKLAND, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARTELLY, NORA
5587 NW 79 WAY
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

LESLY MARTELLY

3/22/2003

9543464737

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

Date

Daytime Phone #

CR2E083B (12/02)