

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92172 011 ****50.00

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

DOCUMENT # L02000020496

1. Entity Name

FLORIDA AGENT SERVICES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1221 BRICKELL AVE.

3. Mailing Address
1221 BRICKELL AVE.

Suite, Apt. #, etc.
9TH FLOOR

Suite, Apt. #, etc.
9TH FLOOR

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33131

Zip
33131

Country
USA

Country
USA

4. FEI Number

<input checked="" type="checkbox"/> Applied For
<input type="checkbox"/> 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 A1A REGISTERED AGENT INC.

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

25 SE 2ND AVE. SUITE 1036

City MIAMI

FL	Zip Code 33131
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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.

PAUL SMITH, VICE-PRESIDENT

4-30-03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVE. 9TH FLOOR
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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:

PAUL SMITH, VICE-PRESIDENT

4-30-03 305 674-3359

Date

Daytime Phone #

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