


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		Country USA		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
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					
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 <u><i>Paul Smith</i></u> PAUL SMITH, VICE-PRESIDENT 4-30-03 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
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			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MANAGING MEMBER FLORIDA AGENT SERVICES, INC. 1221 BRICKELL AVE. 9TH FLOOR MIAMI FL 33131					
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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: <u><i>Paul Smith</i></u> PAUL SMITH, VICE-PRESIDENT 4-30-03 305674-3359 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

CR2E083B (12/02)