

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT-(UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

1/2

01-29-2003 90064 028 ****55.00

DOCUMENT # L02000020922

1. Entity Name
PINSONLINE.COM LLC



Principal Place of Business
**1500 W CYPRESS CREEK ROAD, SUITE 407
FORT LAUDERDALE FL 33309**

Mailing Address
**1500 W CYPRESS CREEK ROAD, SUITE 407
FORT LAUDERDALE FL 33309**

55006349



2. Principal Place of Business
**1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.**

3. Mailing Address
**1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH, FL
Zip
33442

City & State
DEERFIELD BEACH, FL
Zip
33442
Country
BROWARD

4. FEI Number
04-3708489

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARKATIA, MOHAMMED A
22132 CRESTMONT PLACE
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name
MARKATIA MOHAMMED A
Street Address (P.O. Box Number is Not Acceptable)
1215 W. NEWPORT CTR DR
City
DEERFIELD BEACH FL Zip Code
33442

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, CEO	<input type="checkbox"/> Delete
NAME MARKATIA MOHAMMED A	
STREET ADDRESS 1215 W. NEWPORT CTR DR	
CITY-ST-ZIP DEERFIELD BEACH, FL 33442	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

1-20-03 954-418-8620

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

Date

Daytime Phone #

CR2E083 (10/02)