

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90030 035 ****50.00

DOCUMENT # L02000029251

1. Entity Name

CLASS ELECTRONICS, L.L.C.



Principal Place of Business

**3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021**

Mailing Address

**3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021**

30041616



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-1029867

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A
3440 HOLLYWOOD BLVD., SUITE 360
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

LEONARDO A. ROTH, Esq 3/3/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GUILLERMO DANIEL CASTRO**
STREET ADDRESS **3440 HOLLYWOOD BLVD., SUITE 360**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **MGRM** ☐ Delete
NAME **EDGARDO LEONIDAS BUZZONI**
STREET ADDRESS **3440 HOLLYWOOD BLVD., SUITE 360**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **MGRM** ☐ Delete
NAME **WALTER ADRIAN VEAS**
STREET ADDRESS **3440 HOLLYWOOD BLVD., SUITE 360**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **MGRM** ☐ Delete
NAME **FABIAN ALVARO MARTIN**
STREET ADDRESS **3440 HOLLYWOOD BLVD., SUITE 360**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **X**

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

Date

Daytime Phone #

EDGARDO BUZZONI, MGRM 3/3/03 954-3224280

CR2E083 (10/02)