

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

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90002 017 ****50.00

DOCUMENT # L02000034342

1. Entity Name

CONCEPT INNOVATIONS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2655 LeJeune Rd

Suite, Apt. #, etc.

528

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Zip

33134

Country

USA

Zip

Country

4. FEI Number

300146387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brian Singer

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

2655 LeJeune Rd #528

City

Miami

FL

Zip Code

33134

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

6/3/03

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
President
Brian Singer
2655 LeJeune Rd #528
Miami FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Director
S. Sam Hollander
2655 LeJeune Rd #528
Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Director
S. Sam Hollander
2655 LeJeune Rd #528
Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Director
S. Sam Hollander
2655 LeJeune Rd #528
Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Director
S. Sam Hollander
2655 LeJeune Rd #528
Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Director
S. Sam Hollander
2655 LeJeune Rd #528
Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Signature, typed or printed name of signing managing member, manager, or authorized representative

Brian Singer

6/3/03

DATE

(305) 856-6334

Daytime Phone #

CR2E083B (12/02)