2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700000446 1. Entity Name FUTURE MICROWAVE SYSTEMS, L.C.						FILED				
					1	01 550	- Di i			
Principal Place of Business Mailing Address					7	01 FEB -5 PM 4:49				
1751 NW 79TH AVE		PO BOX 637				_SEGRETARY OF STATE				
MIAMI FL 331	20	SOLANA BEACH CA 92075				TALLAHASSEE. FLORIDA				
2. Principal Place of Business		3. Mailing Address			-	THE OUTBILL BUT THE PROPERTY OF THE PROPERTY O	HANK 40011 00111 00114	DIRII DIRIA AI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-0749276		-	Applied For Not Applicable		┨
Zip Country		Zip Co		try 5. Certificate of Status De		licate of Status Desired	\$5.00	Additiona		1
	6. Name and Address of Current	Registered Agent	L			e and Address of New Regi	Stered Agent	quired		-
				Name ======						1
white, robert C Jr.				Street Address (P.O. Box Number is Not Acceptable)						
%KIRKPATRICK & LOCKHART LLP					-					1
201 S. BISCAYNE BLVD., SUITÉ 2000 MIAMI FL 33131										-
1910-1911 C			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.										
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature requir	red when reinstati	ng)	DATE			-
		FILE N	FEE IS \$50.00)					}	
		Make Check Pa	yable t	o Department	of State					
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CH	ANGES			_
TITLE	MGRM AREVALO, AUGUSTO	☐ Delete	עזוז				☐ Cha	nge 🔲 /	Addition	/11/00
NAME STREET ADDRESS	PO BOX 637		i NAM STRE	ET ADDRESS						2
CITY-ST-ZIP	SOLANA BEACH CA 92075	·	CITY	-ST-ZIP					<u></u>	2F083
TITLE NAME	MGRM KARL, GREGORY P	☐ Delete	TITLI NAM				☐ Cha	nge 🔲 /	Addition	CB2
STREET ADDRESS	PO BOX 637			ET ADDRESS		90000036	3 775 5 010109		-8	
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TITLE NAME	MGRM RODRIGUEZ, PIA C	Delete	TITLI			* *	□ Cha	nge 🔲 7	Addition	
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TITLE NAME		☐ Delete	TITLE NAMI	j			☐ Cha	nge ∐ A	Addition	
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP	ertify that the information avanual with	this filling does not available		-ST-ZIP	Postion 110 C	7/2)/i) Elorido Cratido - 15 d	hor postification	ho lefa		
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 employment to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: SIGNATURE: Augusto Arevalo 1-10-01 (858) 755-3357 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date D										