

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000734**

1. Entity Name

MOTION DISPLAY SYSTEM LIMITED COMPANY

FILED

01 APR 26 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2422 LOB LOLLY LANE
DEERFIELD BEACH FL 33442

Mailing Address

2422 LOB LOLLY LANE
DEERFIELD BEACH FL 33442

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0764640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

RJH



6. Name and Address of Current Registered Agent

PATRICK, VIVES
700 EAST DANIA BEACH BLVD.
SUITE 202
DANIA FL 33004

7. Name and Address of New Registered Agent

Name

DANIEL GENACHTE

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

2422 LOB LOLLY LANE

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.

SIGNATURE GENACHTE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-23-2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004194720--1

-05/10/01--01144--003

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME GENACHTE, DANIEL
STREET ADDRESS 2422 LOB LOLLY LANE
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

GENACHTE

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

04/23/01

Date

(954) 4250032

Daytime Phone #

CR2E083 (11/00)