

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90103 014 *****55.00

1/12/03

DOCUMENT # L97000001144

1. Entity Name

MANAGEMENT SYSTEMS WORLDWIDE L.C.



Principal Place of Business

2325 S. OCEAN BLVD.
DELRAY BEACH FL 33483

Mailing Address

2325 S. OCEAN BLVD.
DELRAY BEACH FL 33483

2. Principal Place of Business

2573 NW 59TH STREET

3. Mailing Address

2573 NW 59TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON FLORIDA

City & State
BOCA RATON, FLORIDA

4. FEI Number **65-0788206**

Applied For

Not Applicable

Zip
33496

Country
USA

Zip
33496

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SATALINO, MARTIN
2573 N.W. 59TH STREET
BOCA RATON FL 33496

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SATALINO, MARTIN
2573 N.W. 59TH STREET
BOCA RATON FL 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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

Date

Daytime Phone #

MARTIN SATALINO

1-7-03

561-542-7755

CR2E083 (10/02)