

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001730

1. Entity Name

LOGICAL PRINTING SOLUTIONS, LC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:41

Principal Place of Business

8425 W. COMMERCIAL BLVD.  
TAMARAC FL 33351

Mailing Address

8425 W. COMMERCIAL BLVD.  
TAMARAC FL 33351-4373

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0855168

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

PAGAN, WALTER

5200 N. OCEAN BLVD., APT. 910

LAUDERDALE-BY-THE-SEA FL 33308

Name

Pagan, Walter

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

3410 GALT OCEAN DR. # 1803-N

3

City

FT. Lauderdale

FL

Zip Code

33308

7. Name and Address of New Registered Agent

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

Walter Pagan, Managing Partner

2/31/00

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 Department of State

3/31/00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME PAGAN, WALTER  
STREET ADDRESS 5200 N. OCEAN BLVD., APT. 910  
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33308

TITLE MGRM ☐ Delete  
NAME PAGAN, GAIL  
STREET ADDRESS 5200 N. OCEAN BLVD., APT. 910  
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME PAGAN, WALTER  
STREET ADDRESS 3410 GALT OCEAN DR. # 1803-N  
CITY-ST-ZIP FT. Lauderdale, FL. 33308

TITLE MGR ☒ Change ☐ Addition  
NAME PAGAN, GAIL  
STREET ADDRESS 3410 GALT OCEAN DR. # 1803-N  
CITY-ST-ZIP FT. Lauderdale, FL. 33308

TITLE ☐ Change ☐ Addition  
NAME 100003165711-6  
STREET ADDRESS -03/10/00--01106--016  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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:

Walter Pagan, Managing Partner

Date

Daytime Phone #

CR2E083 (9/99)