

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002073

1. Entity Name
MLB CONSULTING LLC

FILED

00 JAN 20 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

7420 S.W. 7TH STREET
PLANTATION FL 33317
Michael Brochu
1328 Seminole Dr.
Fort Lauderdale, FL 33304-1608
619



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0866687

Applied For

Not Applicable

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

BROCHU, MICHAEL L
7420 S.W. 7TH STREET
PLANTATION FL 33317

Name MICHAEL L. BROCHU

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

1328 SEMINOLE DR

City

FT LAUDERDALE

FL

33304

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

Michael L. Brochu

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-01

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME BROCHU, MICHAEL L
STREET ADDRESS 7420 S.W. 7TH STREET
CITY- ST- ZIP PLANTATION FL 33317 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME 500003117545--3
STREET ADDRESS -02/01/00--01029--011
CITY- ST- ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Delete
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

Michael L. Brochu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-18-00 954-620-2379