

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2000 08:00 AM
Secretary of State

DOCUMENT # L98000002321

1. Entity Name
@BRINT.COM L.L.C.

Principal Place of Business

818 N.W. 89TH AVENUE

PLANTATION
333246102

FL

Mailing Address

P.O. BOX 15635

FORT LAUDERDALE
33318

FL

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

65-0877160

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALHOTRA MEENAKSHI
818 N.W. 89TH AVENUE

PLANTATION
333246102

US

FL

7. Name and Address of New Registered Agent

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.

SIGNATURE MEENAKSHI MALHOTRA, M.MALHOTRA

05/05/2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME MALHOTRA YOGESH PHD,MBA
STREET ADDRESS P.O. BOX 15635
CITY-ST-ZIP FORT LAUDERDALE FL 33318

TITLE MGRM ☐ Delete
NAME MALHOTRA MEENAKSHI MBA,MHA
STREET ADDRESS P.O. BOX 15635
CITY-ST-ZIP FORT LAUDERDALE FL 33318

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

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

TITLE ☐ Change ☐ Addition
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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.