

2001 UNIFORM BUSINESS REPORT (UBR)

0028193 AF

DOCUMENT # L98000002321

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -1 PM 1:02

Principal Place of Business
818 N.W. 89TH AVENUE
PLANTATION FL 33324-6102

Mailing Address
P.O. BOX 15635
FORT LAUDERDALE FL 33318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0877160

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

7. Name and Address of New Registered Agent

MALHOTRA, MEENAKSHI
818 N.W. 89TH AVENUE
PLANTATION FL 33324-6102

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 16 / 2001

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

G. Malhotra
SIGNATURE REQUIRED

Feb 16 / 2001 (954) 916-1585

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

Date

Daytime Phone #

CR2E083 (11/00)