

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990000000043

1. Entity Name

OFFICE EQUIPMENT GROUP INTERNATIONAL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 02

Principal Place of Business

1668 PALM BEACH DRIVE
APOPKA FL 32712

Mailing Address

1668 PALM BEACH DRIVE
APOPKA FL 32712

2. Principal Place of Business

4424 Seaboard Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3554186

Applied For

Not Applicable

Zip

Country

32808

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWE, RICK

1668 PALM BEACH DRIVE
APOPKA FL 32712

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

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/MANAGERS

TITLE NAME MGR ☐ Delete
HOWE, RICK
STREET ADDRESS 1668 PALM BEACH DRIVE
CITY-ST-ZIP APOPKA FL 32712

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Mr. ☐ Change ☒ Addition
Richard Masi
STREET ADDRESS 10711 Emerald Chase Dr.
CITY-ST-ZIP Orlando, FL 32836

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003391193-1
CITY-ST-ZIP -09/13/00--01040--014
*****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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)(f), 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 OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)