

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000043**

1. Entity Name

OFFICE EQUIPMENT GROUP INTERNATIONAL, L.L.C.

FILED

Principal Place of Business

**4424 SEABOARD RD., STE. D
ORLANDO FL 32808**

Mailing Address

**4424 SEABOARD RD., STE. D
ORLANDO FL 32808
TALLAHASSEE, FLORIDA**

01 OCT -3 PM 12:17



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4601 SW 34th St.

3. Mailing Address

4601 SW 34th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

Suite 110

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Zip

32811

32811

Country

Country

USA

USA

4. FEI Number

59-3554186

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

**HOWE, RICK
1668 PALM BEACH DRIVE
APOPKA FL 32712**

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
Due By September 26, 2001**

**800004623958--0
-10/05/01--01004--002
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE **MGR** ☐ Delete
NAME **MASI, RICHARD**
STREET ADDRESS **10711 EMERALD CHASE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

9/26/01 407-296-2660

CR2E083 (5/01)