

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001386

Entity Name

UNISERV, LLC

FILED

01 MAY -2 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2929 E Commercial Blvd
Penthouse A
Ft. Lauderdale, FL 33308

P.O. Box 5326
Ft. Lauderdale, FL
33310

2. Principal Place of Business

3. Mailing Address

2929 E Commercial Blvd
Suite, Apt. #, etc.
Penthouse A
City & State
Ft Lauderdale FL

P.O. Box 5326
Suite, Apt. #, etc.
City & State
Ft. Lauderdale, FL

DO NOT WRITE IN THIS SPACE

Zip
33308

Country
USA

Zip
33310

Country
USA

4. FEI Number
65-0905044

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

Name
JEFF S. NORTON

Street Address (P.O. Box Number is Not Acceptable)
2929 E Commercial Blvd

Penthouse A

City Ft. Lauderdale FL Zip Code 33308

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.

(NOT Registered Agent signature required when reinstating)

DATE

4/30/01

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

300004316053--7
-05/24/01--01098--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MAX
JEFF S. NORTON
P.O. Box 5326
Ft. Lauderdale, FL 33310 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

4/30/01 954 249-9900
954 772-5132

CR2E083 (11/00)