

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004203

1. Entity Name

SERVICE DYNAMICS USA, L.L.C.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:32

*mf 3/22/00*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2421 SE CALIGULA AVENUE  
PORT SAINT LUCIE FL 34952

Mailing Address

2421 SE CALIGULA AVENUE  
PORT SAINT LUCIE FL 34952-6802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
NISH, DAVID P  
2421 SE CALIGULA AVENUE  
PORT SAINT LUCIE FL 34952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
**200003188802--5**  
**-03/29/00-01038-015**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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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:

**SIGNATURES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**3/1/2000**

Date

**561-335-5903**

Daytime Phone #

CR2E083 (9/99)