

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004269

1. Entity Name
MIGRATION VENTURES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 10:20

Principal Place of Business

C/O BERT R. OLIVER, ESQ.
228 LANDINGS BLVD
WESTON FL 33327

Mailing Address

C/O BERT R. OLIVER, ESQ.
228 LANDINGS BLVD
WESTON FL 33327-1116

2. Principal Place of Business

P.O. Box 7340

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7340

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip
33338

Country

City & State

FORT LAUDERDALE, FL

Zip

33338

Country

4. FEI Number

65-0945782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

OLIVER, BERT R
228 LANDINGS BLVD
WESTON FL 33327

7. Name and Address of New Registered Agent

Name

Michael G. Platner

Street Address (P.O. Box Number is Not Acceptable)

1401 S Ocean Blvd # 908

City

Pompano Beach

FL

Zip Code

33062

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

Michael G. Platner, President + CEO

2/10/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OLIVER, BERT R
228 LANDINGS BLVD
WESTON FL 33327 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Michael G. Platner
P.O. Box 7340
Ft Lauderdale FL 33338 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mf 2/28/00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003156299--5
-03/03/00--01059--007
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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 REQUIRED

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

Date

Daytime Phone #

1/24/00

CR2E083 (9/99)