

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028213 AF

DOCUMENT # L99000004269

1. Entity Name  
MIGRATION VENTURES, L.C.

FILED

01 APR 23 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P.O. BOX 7340  
FORT LAUDERDALE FL 33338

Mailing Address  
P.O. BOX 7340  
FORT LAUDERDALE FL 33338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2701 W. Oakland Pk Blvd  
Suite, Apt. #, etc.  
Suite 400

3. Mailing Address  
2701 W. Oakland Pk Blvd  
Suite, Apt. #, etc.  
Suite 400

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

4. FEI Number  
65-0945782

Applied For  
Not Applicable

Zip  
33311

Country  
Broward

Zip  
33311

Country  
Broward

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PLATNER, MICHAEL G  
1401 SOUTH OCEAN BLVD., STE. 908  
POMPANO BEACH FL 33062

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2701 W. Oakland Pk Blvd. Suite 400  
Fort Lauderdale,  
City  
FL Zip Code  
33311

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

4/17/01

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  
PLATNER, MICHAEL G  
P.O. BOX 7340  
FT. LAUDERDALE FL 33338

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

2701 W. Oakland Pk. Blvd Suite 400  
Ft. Lauderdale, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

Date

Daytime Phone #

4/17/01

954-739-5422

CR2E083 (11/00)