

2001 UNIFORM BUSINESS REPORT (UBR)

0028198 AF

DOCUMENT # L99000004378

1. Entity Name

INTEREDGE TECHNOLOGIES, L.L.C.

FILED

01 APR 16 PM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

7613 SARATOGA LANE
PARKLAND FL 33067

Mailing Address

P.O. BOX 25127
TAMARAC FL 33320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0937736

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

COBER CORPORATE AGENTS, INC.

2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR

MIAMI FL 33133

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 State400004036344--8
-04/20/01--01106--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SILVERSTEIN, LEON J
STREET ADDRESS 7613 SARATOGA LANE
CITY-ST-ZIP PARKLAND FL 33067TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE MGR ☐ Delete
NAME MASON SCOTT FOOTE, JR.
STREET ADDRESS 27 CENTRAL AVENUE
CITY-ST-ZIP SAUSALITO CA 94965TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE MGR ☐ Delete
NAME MAX WILLIAM HALS
STREET ADDRESS 10680 EAST DESERT COVE
CITY-ST-ZIP SCOTTSDALE AZ 85259TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE MGR ☐ Delete
NAME SILVERSTEIN, RICHARD
STREET ADDRESS 12829 HIGHLAND CIRCLE
CITY-ST-ZIP BOCA RATON FL 33428TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE MGR ☐ Delete
NAME AUBUCHON, KEVIN
STREET ADDRESS 465 SABAL WAY
CITY-ST-ZIP FT. LAUDERDALE FL 33326TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)