

2000 UNIFORM BUSINESS REPORT (UBR)

0006612 AF

DOCUMENT # L99000004656

1. Entity Name
POS EQUIPE, L.L.C.

FILED 2/1/20
00 JAN 13 AM 10:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1800 N COMMERCE PARKWAY
#2
WESTON FL 33326

Mailing Address
1800 N COMMERCE PARKWAY
#2
WESTON FL 33326-3221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0956188

☒ 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

MUSSMAN, JAY D
5881 NW 151 ST
#101
MIAMI LAKES FL 33014

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 _____ (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 MGR
NAME KUSHER, ROBERT
STREET ADDRESS 1800 N COMMERCE PARKWAY #2
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

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

TITLE MGR
NAME KOENIG, RICHARD D
STREET ADDRESS 211 S HOLLYBROOK DRIVE
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS 1800 N. Commerce Pkwy #2
CITY-ST-ZIP Weston, FL 33326 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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: RICHARD D. KOENIG 05 Jan 2000 954 385 3265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)