

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004768

1. Entity Name

MOTION CONTROL SYSTEMS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 12 PM 1:25

Principal Place of Business

1215 SW 4TH AVENUE  
DELRAY BEACH FL 33444

Mailing Address

1215 SW 4TH AVENUE  
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938797

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

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]* SAME AGENT

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MANIS, ROBERT  
1215 SW 4TH AVENUE  
DELRAY BEACH FL 33444 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PATRICE PUISSESSEREAU  
1215 SW 4TH AVE.  
DELRAY BEACH FL 33444 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BEAUCOTE, CORINNE  
1215 SW 4TH AVENUE  
DELRAY BEACH FL 33444 ☐ Delete

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

TITLE  
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☐ Delete

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

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☐ 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 OR MANAGER

PATRICE PUISSESSEREAU

07/08/2000

Date

Daytime Phone #

561-2728988

CR2E083 (5/00)