

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005919

1. Entity Name

SOLUTIONS @ WORK, LLC

FILED

00 JAN 19 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2700 S. COMMERCE PARKWAY, SUITE 309
WESTON FL 33331

Mailing Address

2700 S. COMMERCE PARKWAY, SUITE 309
WESTON FL 33331-3630

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

65-0950013

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

Name

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

City

FL

Zip Code

FILINGS, INC.

3732 NORTHWEST 16TH STREET
FORT LAUDERDALE FL 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
REID, KEVIN
2700 S. COMMERCE PARKWAY, SUITE 309
WESTON FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
2000003117962--3
-02/01/00--01052--009
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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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

1-5-99

Date

954-626-3502

Daytime Phone #