

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006070

1. Entity Name
FORENSIC TECHNOLOGY GROUP, LLC

Principal Place of Business
1000 SOUTH FEDERAL HWY
STE 104
FORT LAUDERDALE FL 33316

Mailing Address
1000 SOUTH FEDERAL HWY
STE 104
FORT LAUDERDALE FL 33316

FILED

01 JAN 22 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 65-0499983

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

KAPILA, SONEET R
1000 SOUTH FEDERAL HWY, STE 104
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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 State

300003591123-6
-01/30/01--01008--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
MGRM
INTEGRATED COMPUTER SOLUTIONS CONSULTANTS
13845 S.W. 27TH STREET
MIAMI FL

TITLE NAME
MGRM
KAPILA, SONEET R
1000 SOUTH FEDERAL HWY
FORT LAUDERDALE FL

TITLE NAME
MGRM
SMITH, MARGARET J
1000 SOUTH FEDERAL HWY
FORT LAUDERDALE FL

TITLE NAME
MGRM
BENNETT, SHERRY M
1000 SOUTH FEDERAL HWY
FORT LAUDERDALE FL

TITLE NAME
Delete

TITLE NAME
Delete

10. ADDITIONS/CHANGES

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

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:

Soneet Kapila

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

Date

Daytime Phone #

1/15/01

(954) 761-1011

CR2E083 (11/00)