

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000006213**

Entity Name  
**MICRO INFORMATICA, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business  
8400 N.W. 25TH STREET, STE 100  
MIAMI FL 33122

Mailing Address  
8400 N.W. 25TH STREET, STE 100  
MIAMI FL 33122

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0952031** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GUTTER, JOSEPH & RUFFIN, P.A.  
100 W. CYPRESS CREEK RD, STE 900  
FT LAUDERDALE FL 33309

**7. Name and Address of New Registered Agent**

Name **JULIA DREYFUS**  
Street Address (P.O. Box Number is Not Acceptable)  
**5274 N.W. 94TH DORAL FL.**  
City **MIAMI** FL Zip Code **33178**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9-21-00**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGER	JULIA DREYFUS	5274 N.W. 94TH DORAL FL.	MIAMI, FL. 33178		

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

Date

Daytime Phone #

**(305) 418-3200**

CR2E083 (5/00)