

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007154**

1. Entity Name

COMMLINK SERVICES, LLC

FILED

01 AUG 10 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**13100 SOUTHWEST 92 AVENUE, SUITE 408C
MIAMI FL 33176**

Mailing Address

**13100 SOUTHWEST 92 AVENUE, SUITE 408C
MIAMI FL 33176**

2. Principal Place of Business

9389 SW 130 Street

3. Mailing Address

9389 SW 130 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-0957068

Applied For

Not Applicable

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

**MJ TAXES
420 LINCOLN RD., #387
MIAMI BEACH FL 33139**

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
Due By September 26, 2001**

**200004534652--3
-08/14/01--01092--015
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VARGAS, EDUARDO
13100 SOUTHWEST 92 AVENUE, SUITE 408C
MIAMI FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VARGAS, EDUARDO
9389 SW 130 Street
Miami, FL 33176** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
APARICIO, ADRIANA
13100 SOUTHWEST 92 AVENUE, SUITE 408C
MIAMI FL 33176** ☐ Delete

TITLE
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CITY-ST-ZIP
**MGRM
APARICIO, ADRIANA
9389 SW 130 Street
Miami, FL 33176** ☒ Change ☐ Addition

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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:

Edsardo Vargas Requena

Aug. 07. 2001 305 905 1760

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

Date

Daytime Phone #

CR2E083 (5/01)