

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90054 019 *****50.00

DOCUMENT # L99000007154

1. Entity Name

COMMLINK SERVICES, LLC

Principal Place of Business

**9389 SW 130 STREET
MIAMI FL 33176**

Mailing Address

**9389 SW 130 STREET
MIAMI FL 33176**

2. Principal Place of Business

9220 SW 147 St.

Suite, Apt. #, etc.

3. Mailing Address

9220 SW 147 St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0957068

Applied For

Not Applicable

Zip

33176

Country

US

Zip

33176

Country

US5. 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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VARGAS, EDUARDO	
STREET ADDRESS	9389 SW 130 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	APARICIO, ADRIANA	
STREET ADDRESS	9389 SW 130 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Feb. 20, 2002 (305)

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

Date

Daytime Phone #

CR2E083 (9/01)