

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007832

1. Entity Name

MUROTECH ENTERPRISES, LLC

Principal Place of Business

PMB 301
1844 N. NOB HILL ROAD
PLANTATION FL 33322

Mailing Address

PMB 301
1844 N. NOB HILL ROAD
PLANTATION FL 33322-6548

2. Principal Place of Business

1844 N. Nob Hill Rd.

3. Mailing Address

1844 N. Nob Hill Rd.

Suite, Apt. #, etc.

PMB 180

Suite, Apt. #, etc.

PMB 180

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

65-0980874

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

GRAND, MAK S
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD FL 33021

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME MURRONI, ENNIO JR
STREET ADDRESS 13281 NW 11TH DRIVE
CITY - ST - ZIP SUNRISE FL 33323

TITLE MGR ☐ Delete
NAME ROSE, PHILIP S
STREET ADDRESS 1520 NW 128TH DRIVE, #101
CITY - ST - ZIP SUNRISE FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Philip S. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/2000
Date

Daytime Phone #

CR2E083 (9/99)