

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90001 003 *****50.00

DOCUMENT # L99000008353

1. Entity Name
TECHNOFORD, LLC



Principal Place of Business
**11900 BISCAYNE BLVD., SUITE 801
MIAMI FL 33181**

Mailing Address
**11900 BISCAYNE BLVD., SUITE 801
MIAMI FL 33181**

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 **65-0985980**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFE, LEON J
BERMAN WOLFE BENNETT VOGEL & MANDLER, P.A.
100 SOUTHEAST SECOND STREET, SUITE 3500
MIAMI FL 33131**

Name **Michael Ambrosio**

Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd # 801

City **N Miami**

FL

Zip Code
33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael Ambrosio

9-11-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **CYTRYNBAUM, MARIO**
STREET ADDRESS **11900 BISCAYNE BLVD., SUITE 802**
CITY-ST-ZIP **MIAMI FL 33181**

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

TITLE **MGRM** ☐ Delete
NAME **BURMAN, JAN**
STREET ADDRESS **2545 HEMPSTEAD TURNPIKE #401**
CITY-ST-ZIP **EAST MEADOWS NY 11554**

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

TITLE **MGRM** ☐ Delete
NAME **SIMKINS, LEON**
STREET ADDRESS **11900 BISCAYNE BLVD., SUITE 801**
CITY-ST-ZIP **MIAMI FL 33181**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

Simkins

9-11-03

305-879-8187

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

Date

Daytime Phone #

CR2E083 (4/03)