

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008354

1. Entity Name

PENNAN CONSULTING USA, LLC

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90006 042 ****55.00

Principal Place of Business

2901 SOUTH BAY SHORE DR.
 SUITE 5E
 COCONUT GROVE FL 33133

Mailing Address

2901 SOUTH BAY SHORE DR.
 SUITE 5E
 COCONUT GROVE FL 33133

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

65-0969390

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

MURGO, FELICE F
 3180 MUNROE DR.
 COCONUT GROVE FL 33133

Name

Alexander F. Murgu

Street Address (P.O. Box Number is Not Acceptable)

2901 South Bay Shore Dr. Suite 5E
 City Coconut Grove FL Zip Code 33133

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

Alexander F. Murgu MGRM 3-4-02

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
 NAME MURGO, ALEXANDER F
 STREET ADDRESS 3180 MUNROE DR.
 CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE MGRM
 NAME MURGO, Alexander F.
 STREET ADDRESS 2901 South Bay Shore Dr. Suite 5E
 CITY-ST-ZIP Coconut Grove FL 33133 ☒ Change ☐ Addition

TITLE MGRM
 NAME GUERRERI, ARNOLDO
 STREET ADDRESS 3180 MUNROE DR.
 CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE MGRM
 NAME Guerrero, Arnaldo
 STREET ADDRESS 2901 South Bay Shore Dr. Suite 5E
 CITY-ST-ZIP Coconut Grove, FL 33133 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

Alexander F. Murgu MGRM 3/4/02 305-569-9225

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

Date

Daytime Phone #

CR2E083 (9/01)