

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90047 043 ****55.00

DOCUMENT # **L9900000 8686**

1. Entity Name

AmeriReach.com, LLC



DO NOT WRITE IN THIS SPACE

20025453

2. Principal Place of Business

2772 Bingle Rd
Suite, Apt. #, etc.

3. Mailing Address

2772 Bingle Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Houston, TX

City & State

Houston, TX

4. FEI Number

650966732

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Lou's Gallardo**

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

5528 N.W. 58th Ave

City **Coral Springs**

FL

Zip Code

33067

**DO NOT WRITE
IN THIS SPACE**

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:

Louis Gallardo

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **Steven Redman**
STREET ADDRESS **1600 Eldridge Pkwy #1802**
CITY-ST-ZIP **Houston, TX 77077**

TITLE **MGRM**
NAME **Barry Cochran**
STREET ADDRESS **14114 Barnhart**
CITY-ST-ZIP **Houston, TX 77077**

TITLE **MGRM**
NAME **Louis Gallardo**
STREET ADDRESS **5528 N.W. 58th Ave**
CITY-ST-ZIP **Coral Springs, FL 33067**

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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:

[Signature]

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

2/4/03

Date

713-464-9541

Daytime Phone #

CR2E083B (12/02)