

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008981

1. Entity Name

RMR TECHNOLOGIES, LLC

Principal Place of Business

234 EAST DAVIS BOULEVARD  
TAMPA FL 33606

Mailing Address

234 EAST DAVIS BOULEVARD  
TAMPA FL 33606

2. Principal Place of Business

4207 University Dr.  
Suite, Apt. #, etc.

3. Mailing Address

4207 University Dr.  
Suite, Apt. #, etc.

City & State

Coral Gables, FL  
Zip 33146 Country USA

City & State

Coral Gables, FL  
Zip 33146 Country USA

4. FEI Number

59-3658625 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, SCOTT F

234 EAST DAVIS BOULEVARD  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Howard Goldman

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

4207 University Dr.

City

Coral Gables FL

Zip Code

33146

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 5/1/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR  
STREET ADDRESS HELLER, RICHARD  
CITY-ST-ZIP 509 TERRACE HILL DRIVE  
TEMPLE TERRACE FL 33617 ☒ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME President  
STREET ADDRESS Howard Goldman  
CITY-ST-ZIP 4207 University Dr.  
Coral Gables, FL 33146 ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600004420346--S  
CITY-ST-ZIP -06/14/01--01088--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305-667-3402

0017280 AF

CR2E083 (11/00)

