

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90193 026 \*\*\*\*50.00

**DOCUMENT # MO0000001000**

1. Entity Name  
**VELOCITY RESEARCH, LLC**

Principal Place of Business

**1204 N. UNIVERSITY DR.  
 PLANTATION FL 33322**

Mailing Address

**1204 N. UNIVERSITY DR.  
 PLANTATION FL 33322**

2. Principal Place of Business

**13680 NW 5th Street**

3. Mailing Address

**13680 NW 5th Street**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Sunrise, FL**

City & State

**Sunrise, FL**

Zip

**33325**

Country

**USA**

Zip

**33325**

Country

**USA**

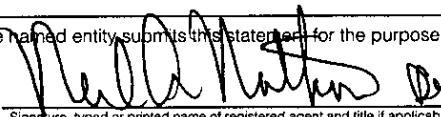
6. Name and Address of Current Registered Agent

**BERMAN, NEIL  
 1218 N. UNIVERSITY DRIVE  
 PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name **Natkow, Neil A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13680 NW 5th Street**  
**Suite 100**  
 City **Sunrise** **FL** Zip Code **33325**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE **4/4/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **DVC** ☐ Delete  
 NAME **NATKOW, NEIL A**  
 STREET ADDRESS **1204 N. UNIVERSITY DR.**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **DPST** ☐ Delete  
 NAME **COLLINS, KEITH**  
 STREET ADDRESS **1204 N. UNIVERSITY DR.**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **COO** ☒ Delete  
 NAME **BERMAN, NEIL**  
 STREET ADDRESS **1204 N. UNIVERSITY DR.**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **V** ☐ Delete  
 NAME **BUTLER, KATHY**  
 STREET ADDRESS **1204 N. UNIVERSITY DR.**  
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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

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

TITLE ☒ Change ☐ Addition  
 NAME **Jackson, Kathy B.**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

DATE **4/4/02** (954) 475-0707

Date

Daytime Phone #

CR2E083 (9/01)