

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90065 005 ****50.00

DOCUMENT # M01000002555

1. Entity Name
PROFUSION NUMBER TWO LLC

Principal Place of Business
2223 NORTH WESTSHORE BLVD., STE. B-228
TAMPA FL 33607

Mailing Address
2223 NORTH WESTSHORE BLVD., STE. B-228
TAMPA FL 33607

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **33607** Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **33607** Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3524149**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **CLARENCE MAH**
 Street Address (P.O. Box Number is Not Acceptable)
PROFUSION RESTAURANT
2223 N. WESTSHORE BLVD #B228
 City **TAMPA** **FL** Zip Code **33607**

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 **CLARENCE MAH**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

☐ Delete

10.

ADDITIONS/CHANGES

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MANAGER
GLENN MAH
4012 MAGUIRE BLVD #4207
ORLANDO, FL 32803

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MANAGER
CLARENCE MAH
4012 MAGUIRE BLVD #4207
ORLANDO, FL 32803

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 CLARENCE MAH

9/3/02 813-353-8400

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

Date

Daytime Phone #

CR2E083 (4/02)