

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90021 026 ****50.00

DOCUMENT # M02000000573

1. Entity Name

GLOBAL EXPORT COMPLIANCE, LLC



Principal Place of Business

12717 W. SUNRISE BLVD., #217
SUNRISE FL 33323

Mailing Address

12717 W. SUNRISE BLVD., #217
SUNRISE FL 33323

2. Principal Place of Business

11000 REDHAWK STREET

3. Mailing Address

11000 REDHAWK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL.

City & State

PLANTATION, FL.

Zip

33324

Country

USA

Zip

33324

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0571590**

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

MARKOWICZ, MORDECHAI
11000 REDHAWK STREET
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **MARKOWICZ, MORDECHAI**
STREET ADDRESS **12717 W. SUNRISE BLVD., #217**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **MARKOWICZ, MORDECHAI**
STREET ADDRESS **11000 REDHAWK STREET**
CITY-ST-ZIP **PLANTATION, FL. 33324**

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

M. MARKOWICZ, MGRM

2/15/2003 954-326-1064

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

Date

Daytime Phone #

CR2E083 (10/02)