

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90064 047 ****50.00

DOCUMENT # M02000002415

1. Entity Name
EFISHNT, LLC



Principal Place of Business
**8151 PETERS ROAD
THIRD FLOOR, C/O KENNETH M. EPSTEIN
PLANTATION FL 33324**

Mailing Address
**8151 PETERS ROAD
THIRD FLOOR, C/O KENNETH M. EPSTEIN
PLANTATION FL 33324**

2. Principal Place of Business
1200 S. Pine Island Rd.

Suite, Apt. #, etc.
Suite #200

City & State
Plantation, FL.

Zip
33324

Country
USA.

3. Mailing Address
1200 S. Pine Island Rd.

Suite, Apt. #, etc.
Suite #200

City & State
Plantation, FL.

Zip
33324

Country
USA.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1157882**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**EPSTEIN, KENNETH M
8151 PETERS ROAD
THIRD FLOOR, C/O KENNETH M. EPSTEIN
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
1200 S. Pine Island Road.

Street Address (P.O. Box Number is Not Acceptable)
Suite #200

City
Plantation

FL

Zip Code
33324

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE **2/11/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME EPSTEIN, KENNETH M	
STREET ADDRESS 5701 SW 188TH AVE	
CITY-ST-ZIP FT. LAUDERDALE FL 33332	
TITLE MGR	<input type="checkbox"/> Delete
NAME KOPSTEIN, ELLIOTT	
STREET ADDRESS 100 SOUTH BIRCH ROAD #1102	
CITY-ST-ZIP FT. LAUDERDALE FL 33316	
TITLE MGR	<input type="checkbox"/> Delete
NAME RAO, SRINIVASAN	
STREET ADDRESS 30 HARRISON STREET	
CITY-ST-ZIP BROOKLINE MA 02446	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE 1200 S. Pine Island Rd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Suite #200	
STREET ADDRESS Plantation, FL. 33324	
CITY-ST-ZIP	
TITLE same as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE same as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

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

Date **2/11/03**

Daytime Phone #

CR2E083 (10/02)