

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90137 041 \*\*\*\*\*50.00

**DOCUMENT # M02000002925**

1. Entity Name

**CENTERONE REMARKETING SERVICES, LLC**



Principal Place of Business

11019 MCCORMICK ROAD  
HUNT VALLEY MD 21031

Mailing Address

11019 MCCORMICK ROAD  
HUNT VALLEY MD 21031

2. Principal Place of Business

3. Mailing Address

100 JIM MORAN BLVD.

Suite, Apt. #, etc.

MAIL DROP JMFDF018

City & State

DEERFIELD BEACH FL

Zip

33442

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2619505**

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**WORLD OMNI FINANCIAL CORP.**  
**190 JIM MORAN BLVD.**  
**DEERFIELD BEACH FL 33442**

☐ Delete

TITLE  
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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

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/10/03

**JOHN J. WHELAN, SECRETARY**

954-420-4617

Date

Daytime Phone #

CR2E083 (10/02)