

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098123

Entity Name: UBI SQUARED LLC**Current Principal Place of Business:**8151 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324**Current Mailing Address:**8151 PETERS ROAD
SUITE 1000
PLANTATION, FL 33324 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title MGR
Name FAHEY, TOM
Address 8151 PETERS ROAD
City-State-Zip: PLANTATION FL 33324Title MGR
Name COX, JOHN JR.
Address 8151 PETERS ROAD
City-State-Zip: PLANTATION FL 33324Title MGR
Name MACHUL, JOHN D
Address 8151 PETERS ROAD
City-State-Zip: PLANTATION FL 33324Title MGR
Name NEE, TIMOTHY
Address 8151 PETERS ROAD
City-State-Zip: PLANTATION FL 33324Title MGR
Name MURRAY, MICHAEL
Address 8151 PETERS ROAD
SUITE 1000
City-State-Zip: PLANTATION FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN MACHUL

CEO

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date