

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

01-28-2002 90021 016 ****50.00

DOCUMENT # L01000006449

1. Entity Name

MBT-AHS CONSTRUCTION GROUP, LLC

Principal Place of Business

**335 FERRY BLVD.
 SANDFORD CT 06815**

Mailing Address

**335 FERRY BLVD.
 SANDFORD CT 06815**

2. Principal Place of Business

335 FERRY BLVD.

Suite, Apt. #, etc.

3. Mailing Address

335 FERRY BLVD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STRATFORD CT.

City & State

STRATFORD CT

4. FEI Number

27-0003068

Applied For

Not Applicable

Zip

06615

Country

Zip

06615

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M
 821 FIFTH AVENUE SOUTH
 C/O CHEFFY, PASSIDOMO, WILSON
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME Delete
MGRM AHS CONSTRUCTION GROUP, INC.
 STREET ADDRESS **335 FERRY BLVD.**
 CITY-ST-ZIP **SANDFORD CT 06815**

TITLE NAME Delete
MGRM MAZZARELLA BUILDING TECHNOLOGY, INC
 STREET ADDRESS **649 BOWLINE DRIVE**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Change Addition
 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: *Donald Mazzarella* **DONALD MAZZARELLA** 1-19-02 203-378-1876

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

Date

Daytime Phone #

CR2E083 (9/01)