

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001162

1. Entity Name
MAO REALTY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -3 PM 1:25

Principal Place of Business
300 BAYVIEW DRIVE
APT 2110
N MIAMI BEACH FL 33160

Mailing Address
300 BAYVIEW DRIVE
APT 2110
N MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0708231
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OLIN, MARTHA
300 BAYVIEW DRIVE
APT 2110
N MIAMI BEACH FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME OLIN, MARTHA
STREET ADDRESS 300 BAYVIEW DRIVE, APT 2110
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE MGRM ☐ Delete
NAME MARTHA OLIN PERSONAL INCOME TRUST
STREET ADDRESS 300 BAYVIEW DRIVE, APT 2110
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800003350858--3
-08/09/00--01062--007
*****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Martina Olin* 7/25/00 305-940-9913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CP2E083 (5/00)