

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003443

1. Entity Name
MATTHEWS-JACOBS INVESTMENTS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 11:43

Principal Place of Business
310 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Mailing Address
310 ALHAMBRA CIRCLE
CORAL GABLES FL 33134-5004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

91-1947438

4. FEI Number

~~APPLIED FOR~~

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

HENDRICKS, ROBERT A
310 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGR
MATTHEWS, MARY L
5262 MISSION HILL DRIVE
TUCSON AZ 85718

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000003172820--7
-03/16/00--01073--019
*****50.00 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGR
JACOBS, ELSIE E
8401 S.W. 107 AVENUE
MIAMI FL 33173

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1/31/00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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:

Mary L Matthews, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone

February 25, 2000

520-299-9222

CR2E083 (9/99)