2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000045 1. Entity Name MW MANAGEMENT, L.L.C.						FILED OFFEB 15 AM 7:51				
Principal Plac	ce of Business	Mailing Address								
261 GOOLSE	261 GOOLSBY BLVD.	OOLSBY BLVD.			ECRETARY OF LLAHASSEE, F	STATE				
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 334			442		'^					
1										
2. Principal F	3. Mailing Address	ing Address .			e concente au nailé naux anuc n	tivi da tti av tit a	Eilt alltt eatt	Giber attt test		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEIN	umber 5-0976697			oplied For ot Applicable	
Zip	Country	Zip	Cour	ntry	Į.	icate of Status Desired		5.00 Add	ditional	
	6. Name and Address of Currer	nt Registered Agent		Norse	7. Name	and Address of New R				
UTSET, FRANK A				Name						
100 WEST CYPRESS CREEK ROAD,				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 70	00 Derdale fl 33309	: .			<u></u>					
FI. LAUL	DEKNALE PL 33309	•		City		* *	FL	Zip Cod	e 	
8. The above	named entity submits this statement	for the purpose of changing its	register	ed office or regist	ered agent,	or both, in the State of Fig	orida.			
SIGNATURE	Signature, typed or printed name of registered agei	A COLOR	Dist.				DATE		· · ·	
·	Signature, typed or printed name of registered again			ed Agent signature requir		ng)	UAIE			
4 		FILE NO Make Check Pay		FEE IS \$50.00 to Department						
9.	MANAGING MEM	BERS/MEMBERS	10.			ADDITIONS/	CHANGES			
TITLE	Manager	☐ Delete	TITL	,				☐ Change	☐ Addition	
NAME STREET ADDRESS	Jamie M. Matt 79 Maple Lane		NAN STR	ret address						
CITY-ST-ZIP	Boynton Beach, F		сп	(-ST-ZIP						
TITLE NAME		☐ Delete	TITL	}				☐ Change	Addition	
STREET ADDRESS			STR	EET ADDRESS		400003	่วก≋เ	544	2	
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TITLE		☐ Delete	TITL	1		. /	/	☐ Change	Addition	
NAME STREET ADDRESS			NAM STR	ie Eet address		M				
CIŢY-ST-ZIP			6 . 1	/-ST-ZIP		711				
TITLE NAME	·	☐ Delete	TITL	1				Change	Addition	
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		STR	EET ADDRESS		•	, ,	٠,		
CITY-ST-ZIP		AL AL 2 201		r-St-ZIP	34	7(0)() F	· 's.'	<u> </u>		
indicatéd	certify that the information supplied wi on this report is true and accurate an billty company or the receiver or trust	id that my signature shall have t	he sam	e legal effect as if	made unde	oath; that I am a manag				
· 		MMA	্যুন	Emi M M	n_H-	2/9/1/9	CV7	253	550	
SIGNAT	SIGNATURE AND TIPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MAN.	AGER, OF	AUTHORIZED REPRES	SENTATIVE	Date	Da	ytime Phone #		