

2001 UNIFORM BUSINESS REPORT (UBR)

0017925 AF

DOCUMENT # L00000002174

1. Entity Name

M.L.T. WESTSHORE, LLC

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3903 NORTHDAL BLVD., SUITE 150E
TAMPA FL 33624

3903 NORTHDAL BLVD., SUITE 150E
TAMPA FL 33624

2. Principal Place of Business

3421 N. Lakeview Dr

3. Mailing Address

3421 N. Lakeview Dr

Suite, Apt. #, etc.

Suite # 168

Suite, Apt. #, etc.

Suite # 168

City & State

Tpa FL

City & State

Tpa FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

59-363 0679

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

LEE, SHIAN-SHYAN

3800 U.S. HIGHWAY 98 NORTH, SUITE 688

LAKELAND FL 33809

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

9. MANAGING MEMBERS/MEMBERS

TITLE Member/President
NAME Shian-Shyan Lee
STREET ADDRESS 3900 U.S. Highway 98 North, STE 688
CITY-ST-ZIP Lakeland, FL 33809

TITLE MGR GENERAL MANAGER
NAME ERIC LEE
STREET ADDRESS 251 Westshore Plaza, Tampa FL 33619
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

CR2E083 (11/00)

(813) 785 3600

4/24/01