

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90214 002 ****50.00

DOCUMENT # L00000003629

1. Entity Name
MRM 40TH STREET, LLC



966249

Principal Place of Business Mailing Address
100 S.E. 2ND STREET, SUITE 3950 **100 S.E. 2ND STREET, SUITE 3950**
MIAMI FL 33131 **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
81 NE 40th Street **445 GRAND BAY DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
- **705**

City & State City & State
MIAMI FLORIDA **KEY BISCAYNE MIAMI FL**

4. FEI Number Applied For
65-0999280 Not Applicable

Zip Country Zip Country
33137 **USA** **33149** **USA**

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**

WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET, SUITE 3950
MIAMI FL 33131

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARULANDA, NORA HELENA 445 GRAND BAY DR., UNIT 705 KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Norman S. Weider** Date: **May 13/2002** Daytime Phone #: **(305)3652371**

CR2E083 (9/01)