

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000005440**

1. Entity Name
MBLD III LLC

FILED

01 MAY -2 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**501 BRICKELL DEY DRIVE. #205
MIAMI FL 33131**

Mailing Address

**501 BRICKELL DEY DRIVE. #205
MIAMI FL 33131**

2. Principal Place of Business

2730 Collins Ave #301

3. Mailing Address

2730 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

301

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

4. FEI Number

65-1012073

Applied For

Not Applicable

Zip

33140

Country

USA.

Zip

33140

Country

USA.

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Jose Luis Lecona

Street Address (P.O. Box Number is Not Acceptable)

2730 Collins Ave. #301

City

Miami Beach,

FL

Zip Code

33140

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**

300004316113--9

-05/25/01--01004--009

*******55.00 *****55.00**

9. MANAGING MEMBERS / MEMBERS

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
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME **Registered Agent**
STREET ADDRESS **Jose Luis Lecona**
CITY-ST-ZIP **2730 Collins Ave. #301**
Miami Beach, FL 33140

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

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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:

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

Date

Daytime Phone #

6/4/30/2001

786 3670865

CR2E083 (11/00)