2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008027

1. Entity Name
MB MANAGEMENT, LLC

000153 AF

Principal Place of Business	Mailing Address
C/O JAY A. BERNSTEIN	C/O JAY A. BERNSTEIN
825 THIRD AVENUE. 40TH FLOOR	825 THIRD AVENUE. 40TH FLOOR
NEW YORK NY 10022	NEW YORK NY 10022 ·

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5550 GLADES RD.

Suite, Apt. #, etc.
305

City & State
BOCA RATON FL

Zip 33431 Country

3. Mailing Address
5550 GLADES RD.

Suite, Apt. #, etc.
305

City & State
BOCA RATON, FL

Zip 33431 Country

4. FEI Number
13-4125445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name JAY BERNSTEIN

Street Address (P.O. Box Number is Not Acceptable)
5550 GLADES RD

SUITE 305

City BOCA RATON   FL   Zip Code 33431

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 _Jay Bernstein_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 2/1/01

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE MANAGING MEMBER NAME JAY BERNSTEIN STREET ADDRESS 5550 GLADES RD, SUITE 305 CITY-ST-ZIP BOCA RATON, FL 33431	☐ 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
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CR2E083 (11/00)

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*****50.00   *****50.00

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: _Jay Bernstein_ REQUIRED

2/01/01   561-362-1066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #