

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90074 019 ***100.00

0012086

DOCUMENT # L00000008881

1. Entity Name

MCG, LLC

Principal Place of Business

**2999 N.E. 191ST STREET, SUITE 608
 AVENTURA FL 33180**

Mailing Address

**2999 N.E. 191ST STREET, SUITE 608
 AVENTURA FL 33180**

956432

2. Principal Place of Business

2977 McFadden Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State

Miami FL

City & State

4. FEI Number

65-1029288

APPLIED FOR

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

Country

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

**LAMONT & NEIMAN, P.A.
 ONE BISCAYNE TOWER, 3550
 TWO SOUTH BISCAYNE BLVD.
 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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CCEO
 KAGANAS, ISRAEL
 3802 NE 207 ST. #2901
 AVENTURA FL 33180** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 PEREZ BUCCI, EDUARDO
 16711 COLLINS AVE. #1608
 SUNNY ISLAND FL 33160** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 PEREZ BUCCI, EDUARDO
 3900 IRVINGTON AVE
 COCONUT GROVE FL 33133** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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:

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

Date

Daytime Phone #

CR2E083 (9/01)