

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010324

1. Entity Name

MSE BRANDED FOOD SYSTEMS OF MIAMI, LLC

Principal Place of Business

332 WASHINGTON STREET, NW, SUITE 207
GAINESVILLE GA 30501

Mailing Address

332 WASHINGTON STREET, NW, SUITE 207
GAINESVILLE GA 30501

2. Principal Place of Business

Metrofare Food COURT

Suite, Apt. #, etc.

111 NW 1st Street

City & State

Miami FL

Zip

33128

Country

3. Mailing Address

225 A Forrest Ave.

Suite, Apt. #, etc.

Gainesville

GA

Zip

30501

Country

4. FEI Number

58-2572386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOUGH, JAMES T
STREET ADDRESS 332 WASHINGTON ST. NW, #207
CITY-ST-ZIP GAINESVILLE GA 30501

☐ Delete

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10. ADDITIONS/CHANGES

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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 REQUIRED

James J Hough

1-18-02 770-532-3301

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

Date

Daytime Phone #

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90025 004 ****50.00



DO NOT WRITE IN THIS SPACE

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