

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90081 031 \*\*\*\*50.00

**DOCUMENT # L00000010742**

1. Entity Name

**MAKO MANAGEMENT, LLC** ✓

Principal Place of Business

7501 SW 159TH PLACE  
MIAMI FL 33193

Mailing Address

7501 SW 159TH PLACE  
MIAMI FL 33193

36783

2. Principal Place of Business

999 Ponce De Leon

3. Mailing Address

999 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 550

Suite 550

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

U.S.

33134

U.S.



DO NOT WRITE IN THIS SPACE

see Attachment

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

**MENA, LUIS**  
7501 SW 159TH PLACE  
MIAMI FL 33193

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 will file if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/02  
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	<input type="checkbox"/> Delete
P	MENA, LUIS A	7501 SW 159 PL	MIAMI FL 33193	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

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

4/23/02 (205) 529-4020  
Date Daytime Phone #

CR2E083 (9/01)

Attachment <sup>36283</sup> 

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EIN #  
65-1090907