## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** May 22, 2002 8:00 am Secretary of State DOCUMENT # L00000011036 1. Entity Name 05-22-2002 90216 026 \*\*\*\*55.00 MURTON REALTY, LLC Principal Place of Business Mailing Address 7860 N.W. 67 STREET 7860 N.W. 67 STREET **MIAMI FL 33166** MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address <u>7600 NW 74 AVENUE</u> 7600 NW 74 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE MIAMI FL MIAMI Not Applicable 331<u>66</u> Country MIAMI-DADE Country \$5.00 Additional 5. Certificate of Status Desired MIAMI-DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURTON MURTON, JAMES 7860 N.W. 67 STREET MIAMI FL 33166 MIAMI 8. The above named entity its #is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGR** TITLE MGR (9/01)□ Delete TITLE ☐ Addition NAME JAMESC. MURTON MURTON, JAMES NAME STREET ADDRESS 7600 NW74AVE 7860 N.W. 67 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** MIAMI FL 33166 Delete TITLE TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change\_ Addition\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING MARKAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE