

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011234

1. Entity Name

PLEXUS M/2 HOLDINGS, LLC

FILED

01 OCT -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

848 BRICKELL AVE. SUITE 920
MIAMI FL 33131

Mailing Address

848 BRICKELL AVE. SUITE 920
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

848 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 600

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Address

848 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 600

City & State

MIAMI, FL

Zip

33131

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
848 BRICKELL AVE. SUITE 920
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

PLEXUS M/2 HOLDINGS, LLC

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

848 BRICKELL AVE., SUITE 600

City

MIAMI,

FL

Zip Code

33131

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

Ivan L. H. Martell IVAN L. H. MARTELL CHAIRMAN

6-28-01

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME PRESIDENT ☐ Delete
IVAN L. H. MARTELL
STREET ADDRESS 848 BRICKELL AVE., STE. 600
CITY-ST-ZIP MIAMI, FL 33131

TITLE NAME VICE PRESIDENT ☐ Delete
KYLE H. MARTELL
STREET ADDRESS 848 BRICKELL AVE., STE. 600
CITY-ST-ZIP MIAMI, FL 33131

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
100004628741-2
STREET ADDRESS -10/09/01--01044--012
CITY-ST-ZIP *****50.00 *****50.00

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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.

SIGNATURE:

Ivan L. H. Martell

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

6-28-01 305.377.2880

Date

Daytime Phone #

CP2E083 (5/01)