

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011672

1. Entity Name

Mark J. Payne Enterprises LLC dba
Mark Payne Mazda of Miami

FILED

01 MAY -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 18010 S. Dixie Hwy. Miami, Fl. 33157 | 18010 S. Dixie Hwy. Miami, Fl. 33157 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-1041939 | Not Applicable |

| | |
|----------------------------------|--------------------------------|
| 5. Certificate of Status Desired | \$5.00 Additional Fee Required |
| <input type="checkbox"/> | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Mark J. Payne
18010 S. Dixie Hwy
Miami, FL 33157

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$50.00
Make Check Payable to Department of State

000004375080--1
-06/07/01--01020--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Mark J. Payne | |
| STREET ADDRESS | 1233 Middle River Dr. | |
| CITY-ST-ZIP | Ft. Lauderdale, Fl. 33304 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

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

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

DATE

Expiration Period

CR2E083 (1/00)