

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011275 AF

DOCUMENT # L00000012036

1. Entity Name

MOGO CONSTRUCTION, L.L.C.

FILED

01 APR 26 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

21334 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180

Mailing Address

21334 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1043885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**RJH**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LILIAN SREDNI, P.A.  
21332 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GORIN, MOISES  
21334 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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]*

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

Date

Daytime Phone #

4/23/01

305-938-0721

CR2E083 (11/00)