

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012036

1. Entity Name

MOGO CONSTRUCTION, L.L.C.

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90239 007 ****50.00

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

1920 E. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

STE 708

City & State

HALLANDALE, FL

Zip

33009

Country

3. Mailing Address

Suite 708 Hallandale Bch Blvd.
Ste 708 Hallandale, FL 33009

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1043885

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

20900 WEST DIXIE HIGHWAY

NO MIAMI BEACH

FL

33180

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

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
1920 E. Hallandale Bch Blvd.
Ste 708 Hallandale, FL 33009

☒ 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:

MOISES GORIN

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

Date

Daytime Phone #

954-454-7868

CR2E083 (4/02)