

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013669

1. Entity Name

MC ENTERPRISE, L.L.C.

FILED

01 JAN 29 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2655 S BAYSHORE DR

#102

COCONUT GROVE FL 33133

Mailing Address

2655 S BAYSHORE DR

#102

COCONUT GROVE FL 33133

2. Principal Place of Business

8320 NW 14TH ST

Suite, Apt. #, etc.

3. Mailing Address

8320 NW 14TH ST

Suite, Apt. #, etc.

City & State

MIAMI FL 33126

City & State

MIAMI FL 33126

4. FEI Number

52-2280353

Applied For

Not Applicable

Zip

33126

Country

MIAMI-DADE

Zip

33126

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANGEL, DAVID B

2655 S BAYSHORE DR

#102

COCONUT GROVE FL 33133

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

MANAGER

RANGEL DAVID B.

2655 S. BAYSHORE DR. #102

COCONUT GROVE FL 33133

600003624026--9

-02/02/01--01026--016

*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 of David B. Rangel

1-22-2001

305-378-9084

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

Date

Daytime Phone #

CR2E083 (11/00)