

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000014044

1. Entity Name

**Mas Picante, L.C.****DO NOT WRITE IN THIS SPACE**2. Principal Place of Business  
**3600 Mystic Pointe Drive #917**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Aventura, FL**

City &amp; State

4. FEI Number  
**65-1057025**

Applied For

Not Applicable

Zip  
**33180**Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Harold E. Carl III**

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

**3600 Mystic Pointe Dr.**

#917

City  
**Aventura****FL**Zip Code  
**33180****DO NOT WRITE  
IN THIS SPACE**

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

**Harold E. Carl III****8/12/2004**

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE \$5.00

Make Check Payable to Department of State  
DUE BY 8/12/04**000040325120**  
08/19/04--01049--002 \*\*50.00**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>Harold E. Carl III</b>
STREET ADDRESS	<b>3600 Mystic Pointe Dr., #917</b>
CITY-ST-ZIP	<b>Aventura, FL 33180</b>

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**DO NOT WRITE  
IN THIS SPACE**

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: **Harold E. Carl III****8/12/2004**

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

Date

Daytime Phone #