

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0013457

DOCUMENT # L00000015864

1. Entity Name

MATECUMBE VISTA, L L C

01-31-2002 90026 047 *****50.00

Principal Place of Business

**150 SE 12TH STREET
 SUITE 300
 FT. LAUDERDALE FL 33316**

Mailing Address

**150 SE 12TH STREET
 SUITE 300
 FT. LAUDERDALE FL 33316**

915404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8211 W Broward Blvd

Suite, Apt. #, etc.

Suite 120

City & State

Plantation, FL

Zip
33324

Country

USA

3. Mailing Address

8211 W Broward Blvd

Suite, Apt. #, etc.

Suite 120

City & State

Plantation, FL

Zip
33324

Country

USA

4. FEI Number **65-1062311**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BALOCCHIO, JOSEPH M
 1323 SE THIRD AVENUE
 FT. LAUDERDALE FL 33316**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 LIHAN, THOMAS
 150 SE 12TH STREET
 FT. LAUDERDALE FL 33316** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 SANTOLLA, STEVEN
 150 SE 12TH STREET
 FT. LAUDERDALE FL 33316** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

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

TITLE
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☐ 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 REQUIRED
Steven A. Santolla 1/22/02 954-4768191

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

Date

Daytime Phone #

CR2E083 (9/01)