

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001646

1. Entity Name

MCNAB HOLDINGS LLC

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90232 015 ****50.00

Principal Place of Business

MERCEDE EXECUTIVE PARK
1876 N. UNIVERSITY DRIVE SUITE 200E
PLANTATION FL 33322

Mailing Address

MERCEDE EXECUTIVE PARK
1876 N. UNIVERSITY DRIVE SUITE 200E
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

10301 NW 11 STREET

10301 NW 11 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

141-32-0812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GUAZZO, GARY E
10301 NW 11 STREET
PLANTATION FL 33322

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
GENERAL MANAGER
GARY E. GUAZZO
10301 NW 11 STREET
PLANTATION FL 33322

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 REQUIRED GARY E. GUAZZO 4/10/02 (954) 370-6391

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

Date

Daytime Phone

CR2E083 (9/01)