## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L01000003871

1. Entity Name

M.L.A.C., L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1717 NORTH BAYSHORE DRIVE<br>SUITE 102<br>MIAMI FL 33132 | 1717 NORTH BAYSHORE DRIVE<br>SUITE 102<br>MIAMI FL 33132 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number  01-0709600    ☐ Applied For  ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

BEDARD, DENNIS R
1717 NORTH BAYSHORE DRIVE
SUITE 102
MIAMI FL 33132

**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 | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE **MGR**<br>NAME **QUESNEL, LINDA**<br>STREET ADDRESS **1717 NORTH BAYSHORE DRIVE**<br>CITY-ST-ZIP **MIAMI FL 33132** | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E083 (9/01)

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    4/29/02    305 530 0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #