

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

01-22-2002 90094 020 ****50.00
 07-17-2002 90139 045 ****50.00

DOCUMENT # L01000005593

1. Entity Name
MN HARBORAGE, LLC

(4)

Principal Place of Business
**1408 WEST LAKE DR.
 FT LAUDERDALE FL 33316**

Mailing Address
**1408 WEST LAKE DR.
 FT LAUDERDALE FL 33316**

970556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1094723

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANGELO, BARRY & BOLDT, P.A.
 SUNTRUST CENTER, SUITE 850
 515 E LAS OLAS BLVD
 FT LAUDERDALE FL 33301**

Name **MIKE NUNEZ**

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

1408 WEST LAKE DRIVE

City **FORT LAUDERDALE FL**

Zip Code **33316**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/15/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MIKE NUNEZ** ☐ Delete
 NAME **PRES**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRES** ☐ Change ☒ Addition
 NAME **MIKE NUNEZ**
 STREET ADDRESS **1408 WEST LAKE DRIVE**
 CITY-ST-ZIP **FORT LAUDERDALE FLA 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 REQUIRED**

DATE **7/15/02** DAYTIME PHONE # **305 798 7508**

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

Date

Daytime Phone #

CR2E083 (4/02)