

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90085 038 \*\*\*\*55.00

**DOCUMENT # L01000007228**

1. Entity Name

**TRIPLE M. HOLDINGS, L.L.C.**

Principal Place of Business

**20850 SW 216TH ST.  
MIAMI FL 33170**

Mailing Address

**20850 SW 216TH ST.  
MIAMI FL 33170**

2. Principal Place of Business

**7950 85th Street (CR 510)**

Suite, Apt. #, etc.

3. Mailing Address

**7950 85th Street (CR 510)**

Suite, Apt. #, etc.

City & State

**Vero Beach, FL**

City & State

**Vero Beach, FL**

4. FEI Number

**65-1101075**

Applied For

Not Applicable

Zip

Country

**32967**

**USA**

Zip

Country

**32967**

**USA**

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

**LEONARD, LAWRENCE Y  
817 BEACHLAND BLVD.  
VERO BEACH FL 32963**

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 ☐ Delete  
NAME **MGR Mitchell L. McEwen**  
STREET ADDRESS **806 Holden Court**  
CITY-ST-ZIP **Sebastian, FL 32958**

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

TITLE ☐ Delete  
NAME **MGR Lyle C. McEwen**  
STREET ADDRESS **4850 Highway US #1**  
CITY-ST-ZIP **Grant, FL 32949**

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

TITLE ☐ Delete  
NAME **MGR Lyle P. McEwen**  
STREET ADDRESS **9820 SW 73rd Court**  
CITY-ST-ZIP **Miami, FL 33156**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
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: *Mitchell L. McEwen* REQUIRED**

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

**4/2/2002**

Date

**561-581-1028**

Daytime Phone #

CR2E083 (9/01)