

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90047 012 ****50.00

DOCUMENT # L01000017690

1. Entity Name

MBC INVESTMENTS, L.L.C.



Principal Place of Business

**1869 MARINA CIRCLE
NORTH FORT MYERS FL 33903**

Mailing Address

**47 FOUR CORNERS ROAD
BLAIRSTOWN NJ 07825**

2. Principal Place of Business

5204 SW FIFTH PLACE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

4. FEI Number

65-1144192

Applied For

Not Applicable

Zip

33914

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **COOK, MICHAEL A**
STREET ADDRESS **1869 MARINA CIRCLE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **MGR** ☐ Delete
NAME **COOK, BEVERLY A**
STREET ADDRESS **1869 MARINA CIRCLE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5204 SW FIFTH PLACE**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

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]

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

8/10/03

Date

239-945-5478

Daytime Phone #

CR2E083 (10/02)

0068842