2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 06, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # LO10000 OLDINGS LLC)18331	ġŧ T		,		Creta) -18-2002 90	-		
Principal Place of Business 528 COCONUT ISLE DRIVE ATTN: MARIO S GONZALEZ FORT LAUDERDALE FL 33301		Mailing Address 528 COCONUT ISLE DRIVE ATTN: MARIO S GONZALEZ FORT LAUDERDALE FL 33301			4					
2. Principal Place of Business		3. Mailing Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.FEI	Number 11495	92	├	oplied For lot Applicable	
Zip *	Country	Zip Country			5. Ceri	tificate of Status Desi		\$5.00 Ac	ditional	
	6. Name and Address of Current	Registered Agent			7. Nan	ne and Address of N	ew Registered	d Agent		7
	IZALEZ, MARIO S	and the second of the second o	: <u>-</u> -	Name MAR		Númber is Not Accept			۳ :	
	T LAUDERDALE FL 33301			528	Cô	conut	ŠŒ,	DRIV	<u>e</u>	-
				chfort	LACIE	bertrolp	F	L 7459	±0 1	-
6. The above the obligate SIGNATURE	a named entity submits this statement locations of registered agent. Signature, typed or printed name of registered agent a	W4 - M+	ARIC	d office or registe S. C. Agent signature require	משטי	9(EZ	of Florida. I am	familiar with,	and accept	1
		Make Check Pay	yable to	EE IS \$50.00 Department on her 25, 2002						1
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIO	ONS/CHANGE	s		┥ .
TITLE	MGRM	- Defete	IIILE	1				☐ Change	Addition	₽
NAME STREET ADDRESS CITY-ST-ZIP	GONZALEZ, MARIO S 528 COCONUT ISLE DRIVE FORT LAUDERDALE FL 33301			T ADDRESS ST- ZIP		•			14) 0001	CR2E083 (4/02)
TITLE Name	GONZALEZ, JULIE	☐ Oelete	. TITLE NAME					☐ Change	Addition	185 185
STREET ADDRESS CITY-ST-ZIP	528 COCONUT ISLE DRIVE FORT LAUDERDALE FL 33301		STREET CITY-S	T ADDRESS ST-ZIP		· 				
NAME	MGRM GONZALEZ, ANTHONY 528 COCONUT ISLE DRIVE	☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS" City-St-Zip	FORT, LAUDERDALE FL 33301			ADDRESS"		•	- · · · · · ·			
	TOTIS DIOUERUALE FL 33301		-	T-ZIP]
TITLE NAME Street address		☐ Delete	NAME					☐ Change	Addition	
CITY-ST-ZIP			CITY-S	ADORESS IT-ZIP						
Title Name Street adoress City-St-21P		Delete	NAME STREET CITY-S	ADORESS 1-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delate	TITLE NAME STREET CITY-S	ADIORESS 1-ZIP				Change	Addition	,
11. I hereby co	ertify that the information supplied with the on this report is true and accurate and the property of the receiver of trustee.	nis filing does not qualify for that my signature shall have the	no ovom	ation otated in Co	ction 119.0 ade under	7(3)(i), Florida Statute oath; that I am a ma	as. I further cer naging membe	tify that the in	formation of the	

LAW OFFICES GLASSBERG & GLASSBERG, P.A 13615 SOUTH DIXIE HIGHWAY #114-514 MIAMI, FLORIDA 33176 DAVIDM, GLASSBERG LORI H. GLASSBERG July 3, 2002 OF COUNSEL: JAMES NEAL HUTCHINSON, IR Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399 RE: MSG Holdings, LLC Gentlemen: This Florida Limited We represent MSG Holdings, LLC. Liability Company's address is our P.O. Box. We never received the 2002 Annual Report. We respectfully request that the Penalty be waived. We enclose the completed and executed 2002 Annual Report and out Clients check in the amount of \$50.00. Thank you in advance for waiving the penalty. Very traly yours, Glassberg DMG/bal

cc: MSG Holdings, LLC