

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO1000018997**

1. Entity Name

MAROC LLC

Principal Place of Business

**600 BRICKELL AVENUE
SUITE 301 D
MIAMI FL 33131**

Mailing Address

**600 BRICKELL AVENUE
SUITE 301 D
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

16633 S.W. 91ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33196

4. FEI Number

65-1151133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOODBIDGE, FREDERICK JR.
7700 N. KENDALL DRIVE
SUITE 809
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **JAIME DE GREIFF**

Street Address (P.O. Box Number is Not Acceptable)
16633 S.W. 91ST

City **MIAMI**

FL

Zip Code

33196

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)

3/21/2002

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SARDI, OCTAVIO J**
STREET ADDRESS **600 BRICKELL AVENUE, SUITE 301 D**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGRM** ☐ Delete
NAME **DUQUE, MARTHA**
STREET ADDRESS **600 BRICKELL AVENUE, SUITE 301 D**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

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

OCTAVIO J. SARDI **03/11/02 (305) 373-4208**

Date

Daytime Phone #

CR2ED63 (9/01)

FILED
May 24, 2002 8:00 am
Secretary of State

04-02-2002 90965 045 ***150.00



DO NOT WRITE IN THIS SPACE