

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-29-2002 90801 016 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020546

1. Entity Name

M.O.R. L.L.C.

Principal Place of Business

2350 CORAL WAY, STE. 403
 MIAMI FL 33145

Mailing Address

2350 CORAL WAY, STE. 403
 MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1157353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FERNANDEZ, ORLANDO JR.
 2350 CORAL WAY, STE. 403
 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.

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

TITLE *Managing Member* ☐ Delete
 NAME *Orlando Fernandez Jr.*
 STREET ADDRESS *2350 Coral Way Ste 403*
 CITY-ST-ZIP *MIAMI FL 33145*

TITLE *Managing Member* ☐ Delete
 NAME *Ralph Gil*
 STREET ADDRESS *7231 SW 63rd Ave*
 CITY-ST-ZIP *South MIA FL 33143*

TITLE *Managing Member* ☐ Delete
 NAME *Manuel Gutierrez*
 STREET ADDRESS *8000 SW 72nd Ave*
 CITY-ST-ZIP *MIA FL 33105*

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 BONDING AGENT, BONDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)