

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90021 024 ****50.00

DOCUMENT # L02000001333

1. Entity Name

MACLEOD ENTERPRISES LLC



Principal Place of Business

Mailing Address

736 MAJORCA AVE
CORAL GABLES FL 33134

736 MAJORCA AVE
CORAL GABLES FL 33134

2. Principal Place of Business

2430 Inagua Ave.

Suite, Apt. #, etc.

3. Mailing Address

2430 Inagua Ave.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

33133

USA

Zip

Country

33133

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

MACLEOD, CHRISTOPHER
736 MAJORCA AVE
CORAL GABLES FL 33134

Name

Christopher MacLeod

Street Address (P.O. Box Number is Not Acceptable)

2430 Inagua Avenue

City

Miami

FL

Zip Code

33133

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

1/9/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

MGRM
Christopher MacLeod
2430 Inagua Ave.
Miami, FL 33133

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change

☐ Addition

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 REQUIRED

1/9/03

305-970-9797

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

Date

Daytime Phone #

CR2E083 (10/02)