

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90029 017 \*\*\*\*50.00

**DOCUMENT # L02000002720**

1. Entity Name

**MSB PROPERTIES LLC**



Principal Place of Business

**7700 N. KENDALL DRIVE  
SUITE 809  
MIAMI FL 33156**

Mailing Address

**7700 N. KENDALL DRIVE  
SUITE 809  
MIAMI FL 33156**

2. Principal Place of Business

**10200 OLD CUTLER ROAD**

3. Mailing Address

**10200 OLD CUTLER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33156**

Country

**USA**

Zip

**33156**

Country

**USA**

4. FEI Number

**EIN: 02-0542661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SALAZAR, GERMAN A  
7700 N. KENDALL DRIVE  
SUITE 809  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name  
**MIGUEL G. FARRA**

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

**C/O MORRISON BROWN ARGIZ & CO.**

**1001 BRICKELL BAY DRIVE, 9TH FLOOR**

City  
**MIAMI**

FL

Zip Code  
**33131**

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

**MIGUEL G. FARRA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/5/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
BETANCOURT, HECTOR  
7700 N. KENDALL DRIVE, SUITE 809  
MIAMI FL 33156**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
QUADROS, MARIO  
7700 N. KENDALL DRIVE, SUITE 809  
MIAMI FL 33156**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
SALAZAR, EDUARDO  
7700 N. KENDALL DRIVE, SUITE 809  
MIAMI FL 33156**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRESIDENT  
HECTOR BETANCOURT  
(SAME ADDRESS)**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SECRETARY & TREASURER  
MARIO QUADROS  
(SAME ADDRESS)**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VICE-PRESIDENT  
EDUARDO SALAZAR  
(SAME ADDRESS)**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
DILLON, JOHN  
7700 N. Kendall Drive, Suite 809  
Miami, Florida 33156**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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**  
**HECTOR J. BETANCOURT**

**3/5/03 (205) 373 4500**

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

Date

Daytime Phone #

CR2E083 (10/02)