

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90567 001 \*\*\*\*50.00  
09-02-2003 90123 019 \*\*\*\*50.00

**DOCUMENT # L02000006400**

1. Entity Name  
**M2R INVESTMENTS, LLC**



Principal Place of Business  
**12937 WEST OKEECHOBEE ROAD  
CONDOMINIUM D. UNIT NO. 283  
HIALEAH GARDENS FL 33016**

Mailing Address  
**12937 WEST OKEECHOBEE ROAD  
CONDOMINIUM D. UNIT NO. 283  
HIALEAH GARDENS FL 33016**



2. Principal Place of Business

**12913 W. Okeechobee Rd.**

3. Mailing Address

**12913 W. Okeechobee Rd.**

Suite, Apt. #, etc.

**G1**

Suite, Apt. #, etc.

**G1**

City & State

**Hialeah Gardens, FL**

City & State

**Hialeah Gardens, FL**

Zip

**33018**

Country

**USA**

Zip

**33018**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

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

**MEAHJOHN, ZANIM RALPHY  
12937 WEST OKEECHOBEE ROAD  
CONDOMINIUM D, UNIT NO. 283  
HIALEAH GARDENS FL 33016**

Name  
**MeahJohn, Zanim Ralph**

Street Address (P.O. Box Number is Not Acceptable)  
**12913 W. Okeechobee Road**

**Suite G1**

City  
**Hialeah Gardens**

FL

Zip Code

**33018**

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 **Ralph Zanim MeahJohn-Mgr.** (NOTE: Registered Agent signature required when reappointing)

DATE **8/26/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 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  
**Mgr. MeahJohn, Zanim Ralph**  
**12913 W. Okeechobee Road #61**  
**Hialeah Gardens, FL 33018**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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**

DATE **8/26/03** DAYTIME PHONE # **(305) 821-5005**

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

Date

Daytime Phone #

CR2E083 (4/03)