

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-21-2003 90020 003 ****50.00

DOCUMENT # L02000009602

1. Entity Name

MEKRAS ARIZONA LLC



Principal Place of Business
**4220 GRANADA BLVD.
CORAL GABLES FL 33146**

Mailing Address
**4220 GRANADA BLVD.
CORAL GABLES FL 33146**

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

02-0605286

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEKRAS, SATIRA
4220 GRANADA BLVD.
CORAL GABLES FL 33146**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Satira Mekras

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

(NOTE: Registered Agent signature required when reissuing)

2/14/03

DATE

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 **MANAGING MEMBER** ☐ Delete
NAME **SATIRA MEKRAS**
STREET ADDRESS **4220 GRANADA BLVD.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Satira Mekras

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

2/14/03

DATE

305 666 2185

Daytime Phone #

CR2003 (10/02)

Attachment 44004456

LO2000009602

George D. Mekras, M.D., F.A.C.S.
4220 Granada Boulevard
Coral Gables, FL 33146

5/5/2003

Dear Sirs,

I wish to request leniency
re: delinquent payment of \$0 fee for
this LLC. The check and paperwork
were misfiled and just recently located
p May 1st deadline. The paperwork
had been completed in Feb as one
can see on the date of the check.
We have placed a notation on our
future calendar to avoid this oversight.
Any and all considerations in this
matter is greatly appreciated.

Sincerely,

George Mekras

6662185 800-2725054
Telephone (305) 665-4426* Voicemail (305) 935-9922* Fax (305) 667-3599