

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90049 005 ****50.00

DOCUMENT # L02000011342

1. Entity Name

MCTR, L.L.C.



Principal Place of Business

Mailing Address

**1345 ALTON ROAD
MIAMI BEACH FL 33139**

**1345 ALTON ROAD
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 398178

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH, FL

Zip

Country

Zip

33239-8178

Country

USA

4. FEI Number

75-3053732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CYPEN, MYLES G ESQUIRE
510 EAST DILDO DRIVE
MIAMI BEACH FL 33139**

Name

MYLES G. CYPEN, ESQ.

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

1345 ALTON ROAD

City

MIAMI BEACH

FL

Zip Code

33139-3811

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

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
**MGRM
CYPEN, MYLES G
510 E. DILDO DRIVE
MIAMI BEACH FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MYLES G. CYPEN
1345 ALTON ROAD
MIAMI BEACH, FL 33139-3811** ☒ 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

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:

Myles G. Cypen, Mgr.
MYLES G. CYPEN

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

1/8/03

(305) 695-9500

Date

Daytime Phone #

CR2E083 (10/02)