2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011891

1. Entity Name

MASTER MERCHANT, L.L.C.



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

01-13-2003 90577 042 ****50.00

					So WE THE					
Principal Plac	e of Business		Mailing Address			7				
			8329 NW 66TH STREET				2000	10100		
NAMI FL 33166)		MIAMI FL 33166					##111 ##1 41 11 58	1 12 881 18 12 8 18 1	8 1 1181 1 85 1
2 Principal P	lace of Busine		3. Mailing Address		·	- 				
a. Tillopai:	ace of adsirie	33	G. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			3 - 6 - 70 - 1			plied For t Applicable	
Zip Country			Zip	Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name a	and Address of Current F	legistered Agent	1		7. Name a	nd Address of New F	legistered A	gent	
MEG	A, MANUEL	G			Name		•			
	NW 25TH S				Street Address (P.O. Box Number is Not Acceptable)					
	Al FL 33172									
					City			FL	Zip Code	е
8. The above	named entity	submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or b	ooth, in the State of Flo	orida. 1 am fa	miliar with,	and accept
the obligati	ions of register	red agent.								!
SIGNATURE .	Signature, typed or	printed name of registered agent an	nd title if applicable. (NOTI	E: Registere	d Agent signature require	ed when reinstating)		DATE		
			FILE NO	OWIII	FEE IS \$50.00					
			Make Check Payab		•					
			Due	e By M	ay 1, 2003					
9.		MANAGING MEMBER		10.			ADDITIONS	/CHANGES		
TITLE	MGR	5.45.	☐ Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS	ZUCKERM/	an, emika Both Street		NAM STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL 3				-ST-ZIP					
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NAME				NAM						
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TITLE			☐ Delete	TITL	Ē				☐ Change	☐ Addition
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TITLE NAME			☐ Delete	TITL					☐ Change	Addition
STREET ADDRESS				•	ET ADDRESS			5,		
CITY-ST-ZIP					-ST-ZIP					į
11 I bereby o	certify that the	information supplied with t	this filling does not qualify for	r the eve	motion stated in S	Section 119.07(3)(i) Florida Statutes	L further certi	fy that the in	oformation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

03 (305) 594-093

Daytime Phone :