

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90050 003 ****50.00

DOCUMENT # L02000012083

1. Entity Name

MEP HOLDINGS, LLC



Principal Place of Business

Mailing Address

**ONE S.E. THIRD AVENUE, SUITE 1940
MIAMI FL 33131**

**ONE S.E. THIRD AVENUE, SUITE 1940
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

10520 NW 26TH STREET

10520 NW 26TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C-201

City & State

City & State

MIAMI FL

Zip
33172

Country
USA

Zip

Country

4. FEI Number

81-0567801

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

FILINGS, INC.

**3732 NORTHWEST 16TH STREET
FORT LAUDERDALE FL 33311**

Name

JOSE E. CABANAS

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

10520 NW 26TH STREET

SUITE C-201

City

MIAMI

FL

Zip Code

33172

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.

JOSE E. CABANAS MANAGER

(NOTE: Registered Agent signature required when reinstating)

2/21/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PARDO, MARIA E
10520 N.W. 26 STREET, SUITE C-201
MIAMI FL 33131**

☐ Delete

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

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☐ 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

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

2/21/03

(305) 513-3239

Date

Daytime Phone #

CR2E083 (10/02)