

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90062 043 \*\*\*\*50.00

**DOCUMENT # L02000012724**

1. Entity Name

**MAS GROUP, L.L.C.**



Principal Place of Business

**3659 SOUTH MIAMI AVENUE, SUITE 3002  
MIAMI FL 33133**

Mailing Address

**3659 SOUTH MIAMI AVENUE, SUITE 3002  
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Suite 3003**

City & State

**Suite 3003**

Zip

Country

Zip

Country

4. FEI Number

**51-0427619**

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

**WALKER, MICHAEL B  
777 BRICKELL AVENUE, SUITE 900  
SUNTRUST BLDG.  
MIAMI FL 33131**

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

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 **CO-MANAGING MEMBER** ☐ Delete  
NAME **ILDEFONSO J. MAS MO.**  
STREET ADDRESS **3659 SO. MIAMI AVE. #3003**  
CITY-ST-ZIP **MIAMI, FL. 33133**

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

TITLE **CO-MANAGING MEMBER** ☐ Delete  
NAME **RAFAEL J. MAS MO.**  
STREET ADDRESS **3659 SO. MIAMI AVE. #3003**  
CITY-ST-ZIP **MIAMI, FL. 33133**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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**

**ILDEFONSO J. MAS MO**

**305-858-3494**

**1-23-03**

CR2E083 (10/02)