

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90749 009 ****50.00

0012887

DOCUMENT # L02000014663

1. Entity Name

MAGMAR DEVELOPMENT, L.L.C.



Principal Place of Business

Mailing Address

200 SOUTH BISCAYNE BLVD.
SUITE 1000
MIAMI FL 33131

200 SOUTH BISCAYNE BLVD.
SUITE 1000
MIAMI FL 33131

2. Principal Place of Business

17050 N. BAY ROAD

3. Mailing Address

17050 N. BAY ROAD

Suite, Apt. #, etc.

804

Suite, Apt. #, etc.

804

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33160

Country

U.S.

Zip

33160

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0615220

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, THOMAS O
200 SOUTH BISCAYNE BLVD.
SUITE 1000
MIAMI FL 33131

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

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

TITLE **MGR** ☒ Delete
NAME **WELLS, THOMAS O**
STREET ADDRESS **200 SOUTH BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **PINES, HECTOR**
STREET ADDRESS **C/O 17050 N. BAY ROAD, APT. 804**
CITY-ST-ZIP **MIAMI BEACH, FL 33160**

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

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

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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

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

Date

Daytime Phone #

4/2/03 (305) 947-7911

CR2E083 (10/02)