

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90056 018 \*\*\*\*50.00

DOCUMENT # L02000017189

1. Entity Name

M3 PROPERTY HOLDINGS LLC



Principal Place of Business

1320 SOUTH DIXIE HIGHWAY STE. 280  
CORAL GABLES FL 33146

Mailing Address

1320 SOUTH DIXIE HIGHWAY STE. 280  
CORAL GABLES FL 33146

2. Principal Place of Business

433 SAN SOVINDALE  
Suite, Apt. #, etc.

3. Mailing Address

433 SAN SOVINDALE  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

134205330

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRABAL, MIGUEL  
1320 SOUTH DIXIE HIGHWAY STE. 280  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: MIGUEL MIRABAL  
Street Address (P.O. Box Number is Not Acceptable):  
443 SAN SOVINDALE AVE  
City: CORAL GABLES FL 33146

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 NAME STREET ADDRESS CITY-ST-ZIP	<del>MIRABAL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MIGUEL F. MIRABAL 443 SAN SOVINDALE AVE CORAL GABLES FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-VICE-PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAGGIE SENRA-MIRABAL 443 SAN SOVINDALE AVE CORAL GABLES FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAITE ELAIVANNIA 443 SAN SOVINDALE AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E083 (10/02)