

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2003 8:00 am
Secretary of State

03-14-2003 90005 024 ****50.00
09-23-2003 90023 045 ****50.00

DOCUMENT # L02000026115

1. Entity Name

MASTER CARRIER DEVELOPMENT, L.L.C.



Principal Place of Business

Mailing Address

11369 S.W. 84TH LANE
MIAMI FL 33173

11369 S.W. 84TH LANE
MIAMI FL 33173

2. Principal Place of Business

2655 LeJeune Rd Suite 400

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

City & State

City & State

CORAL GABLES

Zip

Country

FL

USA

Zip

Country

33134

MIAMI, DADE

4. FEI Number

57-1136664

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

BAKER, RONALD G ESQ.
2655 LEJEUNE ROAD, SUITE 201
CORAL GABLES FL 33134

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
FELIX R. GONZALEZ, MANAGER
2655 LeJeune Rd Suite 400
CORAL GABLES, FL 33134

☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

Date

Daytime Phone #

9/15/03

305 779-4988

CR2E083 (4/03)