

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90043-011-\$50.00-\$50.00

0001086

DOCUMENT # L02000033715	
1. Entity Name MF INVESTMENTS, LLC	



FILED

03 OCT 13 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0246951	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131	
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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: _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Mario Fontes 5805 Blue Lagoon Drive -Suite 200 Miami, FL 33126
	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: MARIO FONTES	Date: 9/8/03	Daytime Phone #: 305 295 1915
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CR2E083 (4/03)