

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L81813**

1. Entity Name

MCLWR INVESTMENTS, INC.**FILED**
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90130 033 ***150.00

Principal Place of Business

Mailing Address

C/O ROBERT J. MERLIN
328 MINORCA AVENUE
CORAL GABLES FL 33134**C/O ROBERT J. MERLIN**
328 MINORCA AVENUE
CORAL GABLES FL 33134-4304**605268**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

95 Merrick Way

Suite, Apt. #, etc.

Suite 420

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Address

95 Merrick Way

Suite, Apt. #, etc.

Suite 420

City & State

Coral Gables, Florida

Zip

33134

Country

USA

4. FEI Number

65-0203722

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

MERLIN, ROBERT J.
328 MINORCA AVENUE
CORAL GABLES 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

95 Merrick Way**Suite 420**

City

Coral Gables,**FL**

Zip Code

33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/009. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back). ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MERLIN, ROBERT J.**
STREET ADDRESS **5810 MAGGIORE ST.**
CITY-ST-ZIP **CORAL GABLES FL**TITLE **D** ☐ Delete
NAME **LEVINE, IRWIN**
STREET ADDRESS **4293 PRAIRIE AVE**
CITY-ST-ZIP **MIAMI BEACH FL**TITLE **D** ☐ Delete
NAME **COHEN, MARK S.**
STREET ADDRESS **2525 SANDS WAY**
CITY-ST-ZIP **COOPER CITY FL**TITLE **D** ☐ Delete
NAME **RODSTEIN, H. JOSH**
STREET ADDRESS **12635 SW 114TH AVE**
CITY-ST-ZIP **MIAMI FL**TITLE **D** ☐ Delete
NAME **WEISSER, MARK**
STREET ADDRESS **4001 N. 50TH AVE.**
CITY-ST-ZIP **HOLLYWOOD FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an Address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2000

Date

305-448-1555

Daytime Phone #

CR2E034 (9/99)