

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90015 033 \*\*\*150.00

**DOCUMENT # L81813**

1. Entity Name  
**MCLWR INVESTMENTS, INC.**

Principal Place of Business <b>95 MERRICK WAY          SUITE 420          CORAL GABLES FL 33134</b>	Mailing Address <b>95 MERRICK WAY          SUITE 420          CORAL GABLES FL 33134</b>
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**RUUUJ466**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>95 Merrick Way</b> Suite, Apt. #, etc. <b>420</b> City & State <b>Coral Gables, FL</b>	3. Mailing Address <b>95 Merrick Way</b> Suite, Apt. #, etc. <b>420</b> City & State <b>Coral Gables, FL</b>
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4. FEI Number <b>65-0203722</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33134</b>	Country <b>U.S.</b>	Zip <b>33134</b>	Country <b>U.S.</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**MERLIN, ROBERT J.  
 95 MERRICK WAY  
 SUITE 420  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
**ROBERT J. MERLIN**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MERLIN, ROBERT J.            5810 MAGGIORE ST.            CORAL GABLES FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LEVINE, IRWIN            4293 PRAIRIE AVE            MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>COHEN, MARK S.            2525 SANDS WAY            COOPER CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RODSTEIN, H. JOSH            12635 SW 114TH AVE            MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WEISSER, MARK            4001 N. 50TH AVE.            HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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

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: Robert J. Merlin Robert J. Merlin 1/11/01 (305) 448-1555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)