

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **L94000000271**

00 MAY -4 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name M&E Reed, L.C.						DO NOT WRITE IN THIS SPACE																																																																																	
Principal Place of Business 13400 N.E. 17 Ave. North Miami, FL 33181				Mailing Address 																																																																																			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																			
4. FEI Number 65-0499070				Applied For Not Applicable																																																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																							
6. Name and Address of Current Registered Agent Wolland, Frank 12865 West Dixie Highway North Miami, FL 33161						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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State																																																																																							
9. MANAGING MEMBERS / MEMBERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>MGRM REED, EDWIN W. III</td> <td>13400 NE 17 Ave</td> <td>North Miami, FL 33181</td> <td></td> </tr> <tr> <td></td> <td>MGRM REED, MARILYNN J.</td> <td>13400 ne 17 Ave</td> <td>North Miami, FL 33181</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		MGRM REED, EDWIN W. III	13400 NE 17 Ave	North Miami, FL 33181			MGRM REED, MARILYNN J.	13400 ne 17 Ave	North Miami, FL 33181																											10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: </div> <div> Date: 4-28-00 </div> <div> Daytime Phone #: 305-259-5271 </div> </div>																																																																																							

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