

2001 UNIFORM BUSINESS REPORT (UBR)

001388 AF

DOCUMENT # L94000000271

1. Entity Name

M&E REED, L.C.

name changed to M&E PROPERTIES LLC
by Amendment filed 4-25-01

FILED

01 APR 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13400 NE 17TH AVE
NORTH MIAMI FL 33181

Mailing Address

13400 NE 17TH AVE
NORTH MIAMI FL 33181

2. Principal Place of Business

16400 NW 2nd Ave

3. Mailing Address

16400 NW 2nd Ave

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

No. Miami Beach FL

City & State

No. Miami Beach FL

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-0499070

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$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

GARY P. SIMON

(changed by
Amendment filed
4/25/01)

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

9100 So. DADELAND BLVD #504

City

Miami

FL

Zip Code

33156-7815

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.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004218365--2
-05/15/01--01129--009
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REED, EDWIN W III
13400 NE 17TH AVE
NORTH MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
REED, MARILYN J
13400 NE 17TH AVE
MIAMI FL 33181 ☒ 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
MGRM
MARC A. OSHEROFF
16400 NW 2nd AVE #203
No Miami Beach FL 33169 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
ROBIN B. OSHEROFF
16400 NW 2nd AVE #203
No Miami Beach FL 33169 ☐ Change ☒ Addition

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

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]

4/27/2001

305-940-6645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)