

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001712 SP

DOCUMENT # L94000000641

1. Entity Name
M & R OF NAPLES, L.C.

00 APR 18 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O 100 N. BISCAYNE BLVD.
21ST FLOOR
MIAMI FL 33132-2306

Mailing Address

C/O 100 N. BISCAYNE BLVD.
21ST FLOOR
MIAMI FL 33132



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0584187

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

mm

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUR, MILLER & WEBNER, P.A.
100 N. BISCAYNE BLVD.
21ST FLOOR
MIAMI FL 33132-2306

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGMR KRUG, ROLAND
STREET ADDRESS HAUSERWEG 6
CITY- ST- ZIP 82541 MUENSING, GERMANY ☐ Delete

TITLE NAME 700003238967-1
STREET ADDRESS -05/04/00--01010--012
CITY- ST- ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME MGMR KRUG, MARLIES
STREET ADDRESS HAUSERWEG 6
CITY- ST- ZIP 82541 MUENSING, GERMANY ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03/10/2000

Date

(305) 377-3561

Daytime Phone #