

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000653

1. Entity Name
MYI HOLDINGS, L.C.

APPROVED
AND
FILED

00 APR 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1401 BRICKELL AVE
SUITE 530
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVE
SUITE 530
MIAMI FL 33131-3501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0537896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCO, GERALD A
1401 BRICKELL AVE
SUITE 530
MIAMI FL 33131

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

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

TITLE NAME MEM
STREET ADDRESS MARCO, GERALD A
CITY-ST-ZIP 1401 BRICKELL AVE, SUITE 530
MIAMI FL 33131 ☐ Delete

TITLE NAME MEM
STREET ADDRESS YUFE, BORIS
CITY-ST-ZIP 1401 BRICKELL AVE, SUITE 530
MIAMI FL 33131 ☐ 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
000003236940--7
-05/03/00--01067--018
*****50.00 *****50.00

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 ☐ 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: *Gerard A. Marco* REQUIRED

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

4/11/00

Date

305 3717200

Daytime Phone #