

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000653

1. Entity Name

MYI Holding

FILED

01 APR -4 AM 7:53

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

2. Principal Place of Business
120 S. University Dr.
Suite, Apt. #, etc.
Suite C

3. Mailing Address
120 S University Dr.
Suite, Apt. #, etc.
Suite C

City & State
Plantation, FLA

City & State
Plantation, FLA

Zip
33324

Country

Zip
33324

Country

4. FEI Number
65-0537896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

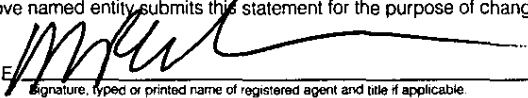
6. Name and Address of Current Registered Agent

Marco, Gerald A.
1401 Brickell Ave
Suite 530
Miami, FL 33131

7. Name and Address of New Registered Agent

Name
Marvin Feinstein
Street Address (P.O. Box Number is Not Acceptable)
120 S. University Drive
Suite C
City
Plantation FL Zip Code
33324

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
STREET ADDRESS
CITY-ST-ZIP
MEM
marco, Gerald A.
1401 Brickell Ave Ste 530
Miami, FL 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
Yufe, Boris
1401 Brickell Ave Ste 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
MEM
marco, Lisa
2795 Paddock Rd.
Weston, FL 33331 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
Yufe, Boris
120 S University Drive, Ste C
Plantation, FL 33324 ☒ 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:  Marvin Feinstein 3/30/01 954 476-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #