

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L96000001208

1. Entity Name
MNGC REALTY, L.C.

Principal Place of Business
6401 KENDALE LAKES DR
MIAMI FL 33183

Mailing Address
6401 KENDALE LAKES DR
MIAMI FL 33183-1801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0741540

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYS, R. DANIEL
14610 SW 64 COURT
MIAMI FL 33158

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 MGRM
NAME MAYS, R. DANIEL
STREET ADDRESS 1930 ISAAC NEWTON SQ., WEST STE 207
CITY- ST- ZIP RESTON VA 20190 ☐ Delete

TITLE
NAME 1605 Loucks Rd
STREET ADDRESS York PA 17404 ☒ Change ☐ Addition

TITLE MGRM
NAME GARCHIK, STEPHEN J
STREET ADDRESS 1930 ISAAC NEWTON SQ WEST STE 207
CITY- ST- ZIP RESTON VA 20190 ☐ Delete

TITLE
NAME 1605 Loucks Rd
STREET ADDRESS York PA 17404 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE MGRM
NAME John Caporaletti
STREET ADDRESS 1605 Loucks Rd
CITY- ST- ZIP York PA 17404 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP 500003260205--9
-05/19/00--01116--010
*****50.00 *****50.00 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

John Caporaletti 4/29/00 717-767-2856

CR2E083 (9/99)