

2000 UNIFORM BUSINESS REPORT (UBR)

0001892 AF

DOCUMENT # L96000001307
 1. Entity Name
MARCUS P.G., L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 18 PM 12:45

Principal Place of Business Mailing Address
 828 WEST 41ST STREET 828 WEST 41ST STREET
 HIALEAH FL 33012 HIALEAH FL 33012-7214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1418 W 49 ST **1418 W 49 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hialeah Fla **Hialeah Fla**
 Zip Country Zip Country
33012 **DADE** **33012** **DADE**

4. FEI Number Applied For
65-0750914 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTIN, JUAN A
111 EAST 44TH ST.
HIALEAH FL 33013

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 (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	MGRM MARTIN, JUAN A 111 EAST 44TH ST HIALEAH FL 33013 <input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
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TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 Date: 2/5/00 Daytime Phone #: (305) 557-3445

CR21:083 (9/99)