

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001105 AF

DOCUMENT # L97000000083

1. Entity Name  
MARY OAK PLAZA, L.C.

FILED

00 JAN 27 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3326 MARY STREET  
#200  
MIAMI FL 33133

Mailing Address  
3326 MARY STREET  
#200  
MIAMI FL 33133-1900

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0863204

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

ANDY, GUS  
3326 MARY STREET  
#200  
MIAMI FL 33133

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  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
ANDY, GUS  
3326 MARY STREET #200  
MIAMI FL 33133

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

8000003118638--2  
-02/01/00--01076--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
RAGSDALE, KATHERINE A  
3326 MARY STREET #200  
MIAMI FL 33133

☐ 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

Date

Daytime Phone #

CR2E083 (9/99)