2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR



FILED Jan 17, 2003 8:00 am Secretary of State

DOCUMENT # L9700000083 01-17-2003 90216 027 ****50.00 MARY OAK PLAZA, L.C. Principal Place of Business Mailing Address 3326 MARY STREET 3326 MARY STREET #200 MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0863204 Applied For Zip Country -Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name ANDY, GUS 3326 MARY STREET Street Address (P.O. Box Number is Not Acceptable) #200 **MIAMI FL 33133** City 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. I am familiar with, and accept 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE NAME ANDY, GUS ☐ Change ☐ Addition NAME STREET ADDRESS 3326 MARY STREET #200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP TITLE MGRM Delete TITLE NAME RAGSDALE, KATHERINE A ☐ Change ☐ Addition NAME STREET ADDRESS 3326 MARY STREET #200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-7IP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete NAME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

1-14-03 305-446-0033