2001 UNIFORM BUSINESS REPORT (UBR)

0014436 AF

DOCUMENT # L98000000486

1. Entity Name
MAVI MANAGEMENT, L.L.C.

FILED
01 JAN 29 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2790 NORTH FEDERAL HWY BOCA RATON FL 33431	2790 NORTH FEDERAL HWY BOCA RATON FL 33431

2. Principal Place of Business	3. Mailing Address
2584 NW 64 Blvd	2584 NW 64 Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. FEI Number 65-0828623 ☐ Applied For ☐ Not Applicable

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
FOGEL, MITCHELL C 2499 GLADES ROAD, SUITE 105 BOCA RATON FL 33431	Name: Victor Markowicz Street Address (P.O. Box Number is Not Acceptable): 2584 NW 64 Blvd City: Boca Raton FL Zip Code: 33431

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 _____ 1/21/01
Signature, type 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	MGR MARKOWICZ, VICTOR 2584 NW 64TH BOULEVARD BOCA RATON FL 33431	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	700003631587--0 -02/02/01--01132--006 *****50.00 *****50.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ 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 1/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (11/00)