

2000 UNIFORM BUSINESS REPORT (UBR)

L98000001061

DOCUMENT # L98000001061

1. Entity Name
MERBEN, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 18 AM 10:06

9/29/00

Principal Place of Business
600 GRAPE TREE DRIVE, #10FN
KEY BISCAYNE FL 33149

Mailing Address
50 W. MASHTA DRIVE, SUITE 6
KEY BISCAYNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0857214

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

~~CORPORATION SERVICE COMPANY~~
~~201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

Name William P. McCaughan
Street Address (P.O. Box Number is Not Acceptable)
200 S Biscayne Blvd., Suite 3400
City Miami FL Zip Code 33131

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 *William P. McCaughan*
Signature, typed or printed name of registered agent and title if applicable

June 18, 2001
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BENACERAF, MERCEDES
STREET ADDRESS 50 W. MASHTA DRIVE, #6
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100004437321--4
CITY-ST-ZIP -06/22/01--01061--003

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ****200.00
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 2000 50.00
CITY-ST-ZIP 2001 50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200.00
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS REINSTATEMENT 2000-2001
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-X24-01

Date Daytime Phone #

CR2E083 (5/00)