

2000 UNIFORM BUSINESS REPORT (UBR)

L98000001061

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 18 AM 10:06

DOCUMENT # L98000001061  
1. Entity Name  
MERBEN, L.C.

9/29/00

Principal Place of Business Mailing Address  
600 GRAPE TREE DRIVE, #10FN 50 W. MASHTA DRIVE, SUITE 6  
KEY BISCAYNE FL 33149 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  
Zip Country Zip Country

4. FEI Number 65-0857214 Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~CORPORATION SERVICE COMPANY~~  
~~201 HAYS STREET~~  
~~TALLAHASSEE FL 32301-2525~~

7. Name and Address of New Registered Agent  
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* DATE June 13, 2001  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENACERAF, MERCEDES 50 W. MASHTA DRIVE, #6 KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100004437321--4 -05/22/01--01061--003 ****200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Penalty \$100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2001 50.00 <u>200.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2000-2001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
1-X24-01  
Date Daytime Phone #

CR2E083 (5/00)