

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001367

1. Entity Name

MABB, L.L.C.

FILED

00 JAN 24 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

Mailing Address

2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311-1483



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

65-0855092

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

FITZGERALD, ROBERT

2300 WEST OAKLAND PARK BLVD.

FT. LAUDERDALE FL 33311

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 ☐ Delete
NAME MGR
STREET ADDRESS BERCUN, MICHAEL
CITY-ST-ZIP 2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition
NAME 000003119270--1
STREET ADDRESS -02/01/00--01118--018
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME MGR
STREET ADDRESS PICCININNI, ALFRED
CITY-ST-ZIP 2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

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

TITLE ☐ Delete
NAME MGR
STREET ADDRESS FITZGERALD, ROBERT
CITY-ST-ZIP 2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

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

TITLE ☐ Delete
NAME MGR
STREET ADDRESS HERTZ, BRAD
CITY-ST-ZIP 2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/20/00

954 485 4400