

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001367

1. Entity Name

MABB, L.L.C.

Principal Place of Business

2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

Mailing Address

2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0855092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, ROBERT
2300 WEST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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
Due By September 26, 2001

000004602910--4
-09/20/01--01075--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BERCUN, MICHAEL	
STREET ADDRESS	2300 WEST OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PICCININI, ALFRED	
STREET ADDRESS	2300 WEST OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FITZGERALD, ROBERT	
STREET ADDRESS	2300 WEST OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HERTZ, BRAD	
STREET ADDRESS	2300 WEST OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

7/17/01

954-485-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Telephone #

0004611

CR2E083 (5/01)

STAPLE CHECK HERE