2000 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam	MENT # L980(00002400	ليسيئ ميمترة		FILED		·
M.G. HO	MES, L.C.				ilito		
			,	00	FEB -4 AMII	16	
Principal Place of Business Mailing Address				SEC	RETARY OF ST	ATF	
21332 WEST DIXIE HIGHWAY 21332 WEST DIXIE HIGHWAY				TALL	CRETARY OF ST LAHASSEE, FLO	RIDA	
NORTH MIAM	I BEACH FL 33180	NORTH MIAMI BEACH FL	33180-1134				
							110 HD 121
2. Principal Place of Business 3. Mailing Address				1 10011011 0		ITHE BUILT HERE STAIL	99311 9 2 11 1991
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>		- DO NOT-WRITE-IN TH	HIS SPACE -	
City & Stat	e	City & State		4. FEI Number	APPLIED FOR		oplied For
Zip -	- Country	- Zip	Country		Status Desired	\$5.00 Add	ditional
	6. Name and Address of Currer	nt Registered Agent		7. Name and Ac	Idress of New Register		
DE070:	MOUNT 500		Name				
-	, Michael ESQ. Scayne Boulevard, Suite 200	1	Street Ad	dress (P.O. Box Number is	Not Acceptable)		
	A FL 33180		,				
			City			Zip Cod	le
8 The above	named entity submits this statement	for the ourpose of changing its	registered office or r	egistered agent, or both, i			
· · ·			. ,	·			
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signature	a recruired when reinstating)	DA	TE .	
		f. FILE NG	W!!! FEE IS \$5	0.00-2-22			
		Make Check Pay	•				·
9.	MANAGING MEMBERS/MEMBERS MGR		10	Meela	ADDITIONS/CHANG	GES Change	► Additio
NAME	GORIN, MOISES		NAME	FORIDAM OLSES	.		ν_{\circ}
STREET ADDRESS City- St-Zip _	21332 WEST DIXIE HIGHWAY NORTH MIAMI.BEACH FL 33180		STREET ADDRESS CITY-ST-ZIP	31352 WELT D	HEIR HIGHWA	7	
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NAME		•	NAME	Gorin, Juan			
STREET ADDRESS CITY-ST-ZIP	,		STREET ACORESS CITY-ST-ZIP	21332 West	Dixie Hwy,N	Miami	33180
TITLE		☐ Delete		Secretary M6		Change	X Additio
NAME STREET AUURESS				Plewinski, 1 21332 West 1		1 Minmi	22100
GITY- 8T- ZLP			CITY-BT-ZIP	ZIJJZ West I	TXIE UMY,N	. мташт	33100
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STREET ADDRESS			STREET ADDRESS	كالتحصيص	-02/08/00-	-01137-	021
CITY-8T-ZIP			CITY-8T-ZIP		*****50.0		<u></u>
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STREET ADDRESS	. `		STREET ADDRESS		W.		
CITY- 8T- ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	CITY-ST-ZIP TITLE			Change	Addition
			E *****				
MAME			MAME				
NAME STREET ADDRESS			STREET ADDRESS				
STREET ADDRESS SITY-ST-ZIP	certify that the information supplied wi	th this filling does not qualify for	STREET ADDRESS CITY-BT-ZIP the exemption state	d in Section 119.07(3)(i), F	lorida Statutes, I further	certify that the i	nformation
STREET ADDRESS CITY-ST-ZIP .11. I hereby condicated	certify that the information supplied wi on this report is true and accurate an ibility company or the receiver or trust	th this filing does not qualify for	STREET ADDRESS CITY-ST-ZIP the exemption state he same legal effect	as if made under oath: th	at Lam a managing me	certify that the in	nformation er of the