

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002400

1. Entity Name
M.G. HOMES, L.C.

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90239 006 ****50.00

Principal Place of Business
21332 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

Mailing Address
21332 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180

903910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1920 E. HALLANDALE BCH BLVD.
Suite, Apt. #, etc.
STE 708

3. Mailing Address
1920 E. Hallandale Bch Blvd.
Ste 708 Hallandale, FL 33009

City & State
Hallandale, FL

City & State

4. FEI Number 65-0875743

Applied For
Not Applicable

Zip 33009

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL ESQ.
20803 BISCAYNE BOULEVARD, SUITE 200
AVENTURA FL 33180

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. I am familiar with, and accept the obligations of registered agent.

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 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GORIN, MOISES ☐ Delete
STREET ADDRESS 21332 WEST DIXIE HIGHWAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE MGR
NAME GORIN, ANA ☐ Delete
STREET ADDRESS 21332 WEST DIXIE HIGHWAY
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 1920 E. Hallandale Bch Blvd. ☒ Change ☐ Addition
CITY-ST-ZIP Ste 708 Hallandale, FL 33009

TITLE
NAME
STREET ADDRESS 1920 E. Hallandale Bch Blvd. ☒ Change ☐ Addition
CITY-ST-ZIP Ste 708 Hallandale, FL 33009

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

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

TITLE ☐ Change ☐ Addition
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: MOISES GORIN

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

Date

Daytime Phone #

954-454-7868

CR2E083 (4/02)