

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002918

1. Entity Name

MCCLAIN & COMPANY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:09

Principal Place of Business

200 SOUTH BISCAYNE BLVD., SUITE 1700
MIAMI FL 33131

Mailing Address

200 SOUTH BISCAYNE BLVD., SUITE 1700
MIAMI FL 33131-2329

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

65-0881734

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WELLS, THOMAS O ESQ.
777 BRICKELL AVE.
SUITE 980
MIAMI FL 33131

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME URBAN, WILLIAM G II
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 1700
CITY-ST-ZIP MIAMI FL 33131

TITLE MGR ☐ Delete
NAME DESIATO, MICHAEL
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 1700
CITY-ST-ZIP MIAMI FL 33131

TITLE MGR ☐ Delete
NAME SAHR, MICHAEL R
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 1700
CITY-ST-ZIP MIAMI FL 33131

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 ☐ Change ☐ Addition
NAME 000003121910--8
STREET ADDRESS -02/03/00--01007--025
CITY-ST-ZIP *****55.00 *****55.00

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 #

2000 UBR-0000