

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000002918

1. Entity Name
MCCLAIN & COMPANY, L.C.

FILED

2001 APR 27 AM 11:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 SOUTH BISCAYNE BLVD., SUITE 1700
MIAMI FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD., SUITE 1700
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0881734

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

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

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.

(NOT) Registered Agent signature required when reinstating

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-05/15/01--01141--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

TITLE ☐ Delete
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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: MICHAEL DESIATO

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

4-27-01

Date

305 377-8667

Daytime Phone #

CR2E083 (11/00)