

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90121 036 *****55.00

DOCUMENT # L98000002918

1. Entity Name

MCCLAIN & COMPANY, L.C.

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

Zip

Country

Zip

Country

4. FEI Number **65-0881734**

Applied For

Not Applicable

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

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 **MGR** ☐ Change ☒ Addition
 NAME **ROONEY L. BACHER**
 STREET ADDRESS **200 S BISCAYNE BLVD #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 ☐ 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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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/1/02 **305**
377
8666

CRCE083 (9/01)