

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000000528

1. Entity Name

MRZ 99, L.C.

00 APR -3 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mg 4/18

Principal Place of Business

Mailing Address

2100 Whisper Lakes Blvd
Orlando, Florida 32837

(same)

2. Principal Place of Business

2100 Whisper Lakes Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando

City & State

Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

32837

Country

ORANGE

Zip

32837

Country

USA

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

Andrew Cuevas

9200 Dadeland Blvd Ste. 603
Miami, Florida 33156

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

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME **PRESIDENT MGRM**
STREET ADDRESS **JOSE R MORENO**
CITY-ST-ZIP **5141 BRIGHTMOOR CA.**
Orlando, Florida 32837

☐ Change ☐ Addition
200003219142--9
-04/21/00--01115--015
*******50.00 *****50.00**

TITLE ☐ Delete
NAME **DIRECTOR MGRM**
STREET ADDRESS **Nelson ZAVARELLA**
CITY-ST-ZIP **5177 BRIGHTMOOR CA**
Orlando, Florida 32837

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **DIRECTOR MGRM**
STREET ADDRESS **JUAN RODRIGUEZ**
CITY-ST-ZIP **4932 BRIGHTMOOR CA**
Orlando, Florida 32837

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

3/30/00

407-854-5464

CR2E083 (11/99)