

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

60 APR 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000948

1. Entity Name
MUSA CONSTRUCTION, L.L.C.

Principal Place of Business
3701 SOUTH CONGRESS AVENUE
LAKE WORTH FL 33461

Mailing Address
3701 SOUTH CONGRESS AVENUE
LAKE WORTH FL 33461-3753



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

05-0897725

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

BARNETT, CHARLES D
500 AUSTRALIAN AVENUE SOUTH, SUITE 800
WEST PALM BEACH FL 33401

address
Change only

7. Name and Address of New Registered Agent

Name Charles D. Barnett

Street Address (P.O. Box Number is Not Acceptable)

8412 Native Dancer Rd.

City Palm Beach Gardens FL

Zip Code 33418

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

700003249557--7

-05/12/00--01010--005

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM
STREET ADDRESS MUSA HOLDINGS, INC.
CITY- ST- ZIP 3701 SOUTH CONGRESS AVENUE
LAKE WORTH FL 33461

☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)