

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 20, 2001 08:00 AM****Secretary of State****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
--	--

2. Principal Place of Business 3801 SOUTH CONGRESS AVENUE	3. Mailing Address 3801 SOUTH CONGRESS AVENUE
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State LAKE WORTH FL	City & State LAKE WORTH FL
-------------------------------	-------------------------------

Zip 33461	Country	Zip 33461	Country
--------------	---------	--------------	---------

4. FEI Number 65-0897725	Applied For <input type="checkbox"/> 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 AgentZIFRONY MATTHEW ESQ.
110 SOUTHEAST 6TH ST., 15TH FLOOR

FORT LAUDERDALE FL 33301 US**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 **MATTHEW ZIFRONY, ESQ.****06/20/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSA HOLDINGS, INC. 3701 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSA HOLDINGS, INC. 3801 SOUTH CONGRESS AVENUE LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Marco Musa, Pres. of Musa Holdings, Inc.

MGRM 06/20/2001

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

Date

Daytime Phone #

CR2E083 (11/00)