

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001760

1. Entity Name
MTBP ASSOCIATES, L.L.C.

Principal Place of Business
7850 NW 146 STREET, SUITE 200
MIAMI LAKES FL 33016

Mailing Address
7850 NW 146 STREET, SUITE 200
MIAMI LAKES FL 33016

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 65-0920521

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

DANIELS, NICHOLAS M
SUNTRUST INTERNATIONAL CENTER, SUITE 2400
ONE S.E. 3RD AVENUE
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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME BATTLE, BENJAMIN JR. ☐ Delete
STREET ADDRESS 7850 NW 146 STREET, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Change ☐ Addition
NAME 500004192035--1
STREET ADDRESS -05/03/01--01135--025
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGRM
NAME BATTLE, MICHAEL ☐ Delete
STREET ADDRESS 7850 NW 146 STREET, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE MGRM
NAME BATTLE, TIMOTHY ☐ Delete
STREET ADDRESS 7850 NW 146 STREET, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE MGRM
NAME BATTLE, ROBERT ☐ Delete
STREET ADDRESS 7850 NW 146 STREET, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE MGRM
NAME BATTLE, PATRICK ☐ Delete
STREET ADDRESS 7850 NW 146 STREET, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (11/00)

0006799 AF

APPROVED
AND
FILED

01 APR 26 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE