

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001803

1. Entity Name

MONICA-SHUR, LLC

Principal Place of Business

2875 NE 191ST STREET, SUITE 508
AVENTURA FL 33180

Mailing Address

C/O RORY SHUR
2875 NE 191ST STREET, SUITE 508
AVENTURA FL 33180-2801

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

APPLIED FOR 65-0936089

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

DENBERG, MICHAEL B ESQ.
2875 NE 191ST STREET, SUITE 802
AVENTURA FL 33180

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 MGR
NAME SHUR, RORY
STREET ADDRESS 2875 NE 191ST STREET, SUITE 508
CITY-ST-ZIP AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000003256770--3
-05/18/00--01019--006
*****50.00 *****50.00

TITLE MGR
NAME MONICA, ELENA
STREET ADDRESS 2972A-AVENTURA BOULEVARD, SUITE 228
CITY-ST-ZIP AVENTURA FL 33180

☒ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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 owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00

Date

(305) 937-5700

Daytime Phone #

CR2E083 (9/99)