

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004820

1. Entity Name  
NECA: USA, LLC.

APPROVED  
AND  
FILED

00 MAY -4 PM 3: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0004431 AF

Principal Place of Business 2315 N.W. 107TH AVENUE BOX 49 MIAMI FL 33172	Mailing Address 2315 N.W. 107TH AVENUE BOX 49 MIAMI FL 33172-2164
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2. Principal Place of Business 4760 N.W. 165 <sup>TH</sup> ST. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 4490 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State DALEAH, FL	4. FEI Number 65-0943528	Applied For <input type="checkbox"/> Not Applicable
Zip 33014	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HELLER, LAWRENCE R GILBRIDE, HELLER & BROWN, P.A. 2 SOUTH BISCAYNE BLVD., STE 1570 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
<p align="center"><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b></p>		

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM MAKRO USA INC 10855 N.W. 33 STREET MIAMI FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: 	SIGNATURE REQUIRED	Date 4/25/00	Daytime Phone # 305-624-5860
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CR2E083 (9/99)