

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004868

1. Entity Name
C.C. MINIS, L.C.

Principal Place of Business
6530 WEST ROGERS CIRCLE, SUITE 31
BOCA RATON FL 33487

Mailing Address
6530 WEST ROGERS CIRCLE, SUITE 31
BOCA RATON FL 33487-2753

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

65-0966296

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

RITTER, GREGORY J ESQ.
7000 WEST PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433

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 NAME MGRM CRESCENT CENTER STORAGE, L.C. ☐ Delete
STREET ADDRESS 288 Z SMITH SUNDY ROAD
CITY- ST- ZIP DELRAY BEACH FL 33446

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

TITLE NAME MGRM L.G. MINIS, L.C. ☐ Delete
STREET ADDRESS 6530 WEST ROGERS CIRCLE, SUITE 31
CITY- ST- ZIP BOCA RATON FL 33487

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003249651--4
CITY- ST- ZIP -05/12/00--01012--001
*****50.00 *****50.00

TITLE NAME MGRM CRESCENT SS, L.C. ☐ Delete
STREET ADDRESS 4139 BURNS ROAD
CITY- ST- ZIP PALM BEACH GARDENS FL 33410

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
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 #

4/20/00

561-995-7878

CR2E083 (9/99)