

2001 UNIFORM BUSINESS REPORT (UBR)

0016230 AF

DOCUMENT # L99000004868

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

FILED

01 FEB 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0966296

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (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.
STREET ADDRESS 288 Z SMITH SUNDY ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003768342-0
-02/26/01-01/29-013
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

2/15/01

561-995-7878

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

Date

Daytime Phone #

CR2E083 (11/00)