

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005242

1. Entity Name

MATABLE INVESTMENTS L.L.C.

FILED

01 APR 27 PM 2: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

500 NE 17TH WAY  
FT. LAUDERDALE FL 33301

Mailing Address

500 NE 17TH WAY  
FT. LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

820 NE 17 WAY

3. Mailing Address

820 NE 17WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33304

Country

Zip

33304

Country

4. FEI Number

65-0942287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADDISON, PETER J  
500 NE 17TH WAY  
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

ADDISON PETER J

Street Address (P.O. Box Number is Not Acceptable)

820 NE 17WAY

City

FT LAUDERDALE

FL

Zip Code

33304

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

TITLE NAME MGRM ADDISON, PETER J ☐ Delete  
STREET ADDRESS 500 NE 17TH WAY  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE NAME MGRM ADDISON, CRISTINA M ☐ Delete  
STREET ADDRESS 500 NE 17TH WAY  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 820 NE 17WAY  
CITY-ST-ZIP FT LAUD FL 33304

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 820 NE 17WAY  
CITY-ST-ZIP FT LAUD FL 33304

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500004211615-7-  
CITY-ST-ZIP -05/11/01--01071--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

TITLE NAME ☐ Change ☐ Addition  
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1232

CR2E083 (11/00)