2000 UNIFORM BUSINESS REPORT (UBR)										
DOCU 1. Entity Nam MTCH, LI				FILE SECRETARY DIVISION OF CO	OF STATE					
1411 (311, 12		*	• • • •	<b>.</b>		DIAISION AL CO	RPORATIC	INS		
Principal Plac	e of Business	Mailing Address	<del></del>		]	00 AUG -2	PH 1: 2	5		
1700 SANS S NO MIAMI FL		1700 SANS SOUCI BLVD NO MIAMI FL 33181						nf		
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			( 1984)91: 948 1949 1941) 984( 984) 984( 984) 98() 98() 98() 94() 95() 95() 95() 95()				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	е	City & State	City & State			4. FEI Number Applied For 65-0086464 Not Applicable				
Zip	Country	Zip	Zip Country			5.00 Additional				
	6. Name and Address of Current	Registered Agent				and Address of New F		ee Require gent	d	}
40000		Name								
HIGER, MICHAEL J 1700 SANS SOUCI BLVD				Street Address (P.O. Box Number is Not Acceptable)						
NO MIAMI	I FL 33181		-	City			FL	Zip Code		4
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered	office or register	ed agent,	or both, in the State of Flo		<u> </u>		1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Pacietored A	gent signature required	Luthon rojecteti	<b>∞2111111</b> 23	340:	3 <del>44</del>	7	
<del></del>			777-011 103113122	-08/08	(ZQU0)	1093(	JZ3	1		
		Make Check Pay		EE IS \$50.00 Department o	f State	****	50.00	*************************************	ոՄ.ԱՄ	
9.	MANAGING MEMBE	RS/MANAGERS	10.	<u> </u>		ADDITIONS	/CHANGES			-
TITLE		☐ Delete	TITLE		MGRM			Change	Addition	83 (5/00)
NAME STREET ADDRESS			name Street		rz, MA O Sans	s Souci Boulev	ard			083
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NAME	<b>3</b> .		NAME						_	
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ADDRESS T-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	1
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CITY-ST-ZIP	autific that the information	thin filing class and smalls, says	CITY-ST		otion 110 C	17/0\/i\ Elasida Otatura	figures and	- ا حاد دماه د	dormation	-
indicated	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have th	e same le	egal effect as if m	ade under	oath; that I am a manac	ing member	y triat the in or manager	of the	
SIGNAT	URE: SINAT	LE REGUIT	RED	1	7	/18/00	305-893	3-5506		
J. W. 1771	SIGNATURE AND TYPED OR PRIN	VTED NAME OF SIGNING MANAGING MI	EMBER OR I	MANAGER		Date		time Phone #		
	MARK J. M	INT7.								