

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006982

1. Entity Name

MR INTERNATIONAL ENTERPRISES GROUP, LLC

Principal Place of Business

4012 YARDLEY AVENUE NORTH
ST. PETERSBURG FL 33713-3351

Mailing Address

4012 YARDLEY AVENUE NORTH
ST. PETERSBURG FL 33713-3351

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

59-3604239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

4012 Yardley Avenue North
St. Petersburg FL 33713

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
STREET ADDRESS RUSIECKI, MAREK
CITY- ST- ZIP 4012 YARDLEY AVENUE NORTH
ST. PETERSBURG FL 33713-3351

TITLE NAME
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10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
000003279300--2
-06/07/00--01010--020
*****50.00 *****50.00

TITLE NAME
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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 #

APPROVED
AND
FILED

00 MAY 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)