

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009282

1. Entity Name

MTRAFLO L.L.C.

FILED
00 MAR 13 PM 3:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WR
3/20

Principal Place of Business
14400 STIRLING RD
FT. LAUDERDALE, FL
33330

Mailing Address
14400 STIRLING RD
FT. LAUDERDALE, FL
33330

2. Principal Place of Business
14400 STIRLING RD
Suite, Apt. #, etc.

3. Mailing Address
14400 STIRLING RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE FL

Zip
33330

Country
U.S.A.

Zip
33330

Country
USA

4. FEI Number
65-0972236

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

LAURA GERHOLD
14400 STIRLING RD
FT. LAUDERDALE, FL 33330

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 Laura Gerhold Laura Gerhold 3-4-00
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 <u>MGRA</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>GEORGE M. HAIGHT</u> <u>14400 STIRLING RD</u> <u>FT LAUDERDALE, FL 33330</u>	<input type="checkbox"/> Delete
TITLE <u>MGRA</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>SEC TREAS</u> <u>CHRISTOPHER T. HAIGHT</u> <u>14400 STIRLING RD</u> <u>FT LAUDERDALE, FL 33330</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Laura Gerhold LAURA GERHOLD 954-434-1749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CRZE083 (11/99)