

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001581

1. Entity Name
MAROONE OLDSMOBILE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02

Principal Place of Business

8600 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address

8600 PINES BLVD
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

110 S.E. 6th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20th Floor

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33301

USA

4. FEI Number

52-2135875

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME COLE, JAMES O
STREET ADDRESS 110 SE 6TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE MGR ☒ Change ☐ Addition
NAME Michael E. Maroone
STREET ADDRESS 110 SE 6th Street
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE MGR ☒ Delete
NAME HAWKINS, THOMAS W
STREET ADDRESS 110 SE 6TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE MGR ☒ Change ☐ Addition
NAME Jonathan P. Ferrando
STREET ADDRESS 110 SE 6th Street
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

Jonathan P. Ferrando

9/8/00

(954) 769-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)