

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2000 08:00 AM
Secretary of State

DOCUMENT # M99000001434

1. Entity Name
MAROONE ISUZU, LLC

Principal Place of Business
110 S.E. 6TH STREET, 20TH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address
110 S.E. 6TH STREET, 20TH FLOOR
FT. LAUDERDALE FL 33301

2. Principal Place of Business
8600 PINES BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES FL

City & State

4. FEI Number
65-0944178

Applied For
Not Applicable

Zip
33024

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

Name

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

PLANTATION
33324

US

FL

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)

04/11/2000

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MGR FERRANDO JONATHAN P ☐ Change ☒ Addition
110 SE 6TH STREET, 20TH FLOOR
FT. LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MGR MAROONE MICHAEL E ☐ Change ☒ Addition
110 SE 6TH STREET
FT. LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MGRM CORPORATE PROPERTIES HOLDINGS INC ☐ Delete
110 S.E. 6TH STREET, 20TH FLOOR
FT. LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MGRM GRAHAM KEN ☒ Change ☐ Addition
8600 PINES BOULEVARD
PEMBROKE PINES FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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