

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002670

1. Entity Name

CAMPOS TOOL SUPPLIES, L.C.

FILED

01 MAY 18 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
6405 NW 36 Street # 113 THE SAME  
Miami, Fl. 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0877185

Applied For

Not Applicable

Zip

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

CUEVAS & RUBIN, P.A.  
9200 S Dadeland Blvd. # 603  
Miami, Fl. 33156

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM campos, EDGAR IVAN  Delete  
NAME 4650 NW 107 Ave. # 1807  
STREET ADDRESS Miami Fl. 33178  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM CAMPOS, GERMAN RENE  Delete  
NAME 4650 NW 107 Ave. # 1807  
STREET ADDRESS Miami, Fl. 33178  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100004420771--9  
-06/14/01--01113--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM CAMPOS JORGE NADHYR  Delete  
NAME 4650 NW 107 Ave. # 1807  
STREET ADDRESS Miami, Fl. 33178  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NFGM CAMPOS, DEN ISE XIMENA  Delete  
NAME 4650 NW 107 Ave. # 1807  
STREET ADDRESS Miami, Fl. 33178  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/30/01

Date

Daytime Phone #

CR2E083 (11/00)