

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003062

1. Entity Name
ANORCA, L.L.C.

Principal Place of Business
8314 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33166

Mailing Address
8314 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33166-7422

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

FILED
00 JAN 12 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0929776

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
PEREZ, RAFAEL A
600 BRICKELL AVENUE, SUITE 203A
MIAMI FL 33131

7. Name and Address of New Registered Agent
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 _____ (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 NAME MGRM CASARIEGO, HUMBERTO F STREET ADDRESS 8314 N.W. SOUTH RIVER DRIVE CITY-ST-ZIP MEDLEY FL 33166	<input type="checkbox"/> Delete	TITLE NAME CASARIEGO, ORLANDO J STREET ADDRESS 8314 N.W. SOUTH RIVER DRIVE CITY-ST-ZIP MEDLEY FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME MGRM CASARIEGO, ORLANDO J STREET ADDRESS 8314 N.W. SOUTH RIVER DRIVE CITY-ST-ZIP MEDLEY FL 33166	<input type="checkbox"/> Delete	TITLE NAME CASARIEGO, ORLANDO J STREET ADDRESS 8314 N.W. SOUTH RIVER DRIVE CITY-ST-ZIP MEDLEY FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Orlando J. Casariego** 1-5-00 (805) 382-9078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)