

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**DOCUMENT # L99000003062**

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

**FILED**

**01 JAN 24 AM 9:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**65-0929776**      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

**PEREZ, RAFAEL A  
600 BRICKELL AVENUE, SUITE 203A  
MIAMI FL 33131**

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>MGRM CASARIEGO, HUMBERTO F 8314 N.W. SOUTH RIVER DRIVE MEDLEY FL 33166</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGRM CASARIEGO, ORLANDO J 8314 N.W. SOUTH RIVER DRIVE MEDLEY FL 33166</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>800003576828-4 -01/26/01-01/26/01 *****50.00    *****50.00</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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** *Orlando J. Casariego*      Date **1-17-01**      Daytime Phone # **(850) 237-7058**

CR2E083 (11/00)