

2000 UNIFORM BUSINESS REPORT (UBR)

0004284 AF

DOCUMENT # L99000003696

1. Entity Name
MONTECARLO HATS, L.L.C.

FILED

00 JAN 27 AM 11:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

8600 NW 64TH STREET, BAY #5 8600 NW 64TH STREET, BAY #5
 MIAMI FL 33166 MIAMI FL 33166-2673

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0929052 Not Applicable

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

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW. ESQ.
C/O CUEVAS & RUBIN, P.A.
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **SAMIR CURY CRUZ**

Street Address (P.O. Box Number is Not Acceptable)
8600 NW 64 ST BAY #5

City **MIAMI** FL Zip Code **33166**

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: *Samir Cury Cruz* DATE: **1/25/2010**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMIR CURY CRUZ <i>8600 NW 64 ST #5</i> 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156 <i>33166</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORGE CURY CRUZ <i>8600 NW 64 ST #5</i> 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156 <i>33166</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMIR CURY CRUZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8600 NW 64 ST BAY #5 MIAMI (FL) 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORGE CURY CRUZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8600 NW 64 ST BAY #5 MIAMI (FL) 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003118670 <input type="checkbox"/> Addition -02/01/00--01080--019 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <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: *Samir Cury Cruz* DATE: **1/25/2010**

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

CR2E083 (9/99)