

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003943 AF

DOCUMENT # L99000002270

1. Entity Name  
SR AMERICA, LLC

FILED

00 JAN 10 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6800 VERONESE STREET  
CORAL GABLES FL 33146

Mailing Address  
6800 VERONESE STREET  
CORAL GABLES FL 33146-3844



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

65-0912841

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

NORBERTO ROMAN

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

607 PUERTA AVENUE

City

Coral Gables

FL

Zip Code

33143

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.

NORBERTO M. ROMAN - MGR.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-05-2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME ROMAN, NORBERTO M  
STREET ADDRESS 6800 VERONESE STREET  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE MGR  
NAME STEIN, JORGE E  
STREET ADDRESS 6800 VERONESE STREET  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000003039740--7

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
-01/14/00--01/00--024  
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TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE NORBERTO M. ROMAN

01-05-2000

805 4615551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #