2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000000660

1. Entity Name
ACTIVA CAPITAL, L.C.

Principal Place of Business	Mailing Address
10800 BISCAYNE BLVD., STE. 580	10800 BISCAYNE BLVD., STE. 580
MIAMI FL	MIAMI FL
33161	33161

2. Principal Place of Business		3. Mailing Address	
19355 NE 36TH COURT		19355 NE 36TH COURT	
Suite, Apt. #, etc. 18K		Suite, Apt. #, etc. 18K	
City & State AVENTURA FL		City & State AVENTURA FL	
Zip 33180	Country	Zip 33180	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0984107 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLANOS, TRUXTON & YOUNGS, P.A.
2121 PONCE DE LEON BLVD., STE. 600
CORAL GABLES FL
33134 US

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 ____________________ 01/28/2001
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	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	AZOUT JOSE R		NAME	AZOUT JOSE R	
STREET ADDRESS	10800 BISCAYNE BLVD., STE. 580		STREET ADDRESS	19355 NE 36TH COURT, APT. 18K	
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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: Jose R Azout Mgr 01/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #