

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002270

1. Entity Name

SR AMERICA, LLC

FILED

01 JAN 19 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6800 VERONESE STREET
CORAL GABLES FL 33146

Mailing Address

6800 VERONESE STREET
CORAL GABLES FL 33146

2. Principal Place of Business

2725 SALZEDO ST.

3. Mailing Address

2725 SALZEDO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES - FL

City & State

CORAL GABLES - FL

4. FEI Number

65-0912841

Applied For

Not Applicable

Zip 33134

Country MIDAM-DODE

Zip 33134

Country USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAN, NORBERTO
607 PUERTA AVENUE
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Name ROMAN, NORBERTO
Street Address (P.O. Box Number is Not Acceptable)
2725 SALZEDO STREET
City CORAL GABLES FL Zip Code 33134

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 1/15/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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

TITLE NAME MGR
STREET ADDRESS STEIN, JORGE E
CITY-ST-ZIP 6800 VERONESE STREET
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 MGR
STREET ADDRESS ROMAN, NORBERTO M
CITY-ST-ZIP 2725 SALZEDO ST.
CORAL GABLES - FL - 33134 ☒ Change ☐ Addition

TITLE NAME MGR
STREET ADDRESS STEIN, JORGE E.
CITY-ST-ZIP 2725 SALZEDO ST.
CORAL GABLES - FL - 33134 ☒ Change ☐ Addition

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 700003576927-011
-01/26/01--01073--011
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/15/01 305-461-5551

Daytime Phone #

CR2E083 (11/00)