

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90119 034 ****50.00

DOCUMENT # L99000007682

1. Entity Name

REDMONT ENTERPRISES, L.L.C.

Principal Place of Business

Mailing Address

**9305 SW 130 ST
MIAMI FL 33176-5795****9305 SW 130 ST
MIAMI FL 33176-5795**

2. Principal Place of Business

3. Mailing Address

9369 SW 130 ST**P.O. Box 562964**

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Miami, FL**Miami, FL**

Zip

Country

Zip

Country

33176**USA****33256****USA**

4. FEI Number

65-0957864

Applied For

Not Applicable

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

**ROJAS, MARIA I
9305 SW 130 STREET
MIAMI FL 33176-5795**

Name

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

9369 SW 130 STCity **MIAMI****FL****Zip Code
33176-5763**

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

Type (use typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ROJAS, MARIA I 9305 SW 130 STREET MIAMI FL 33176-5795 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	9369 SW 130 ST Miami, FL 33176-5763 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM ROJAS OVIEDO, JESUS 9305 SW 130 STREET MIAMI FL 33176-5795 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	9369 SW 130 ST Miami, FL 33176-5763 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Maria Isabel Rojas**MARIA ISABEL ROJAS****1/21/02****3055250102**

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

Date

Filing Fee

CR2E083 (9/01)