

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

DOCUMENT # L02000032679

1. Entity Name

AMADOR ACQUISITIONS, LLC



05-02-2003 90756 024 ****50.00

DO NOT WRITE IN THIS SPACE

30066977

2. Principal Place of Business

3. Mailing Address

13499 Biscayne Blvd.

13499 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

T-2

T-2

City & State

City & State

4. FEI Number

Applied For

North Miami

North Miami

05-0542960

Not Applicable

Zip

Country

Zip

Country

33181

DADE

33181

DADE

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Peter Amador

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

13499 Biscayne Blvd. T-2

City

North Miami

FL

Zip Code

33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Peter Amador

4/28/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/MANAGER.
13499 Biscayne Blvd. T-2
North Miami, FL 33181

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

Peter Amador

4/28/03 786-285-4950

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

Date

Daytime Phone #

CR2E083B (12/02)