

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001166

1. Entity Name
AMCON, L.L.C.

FILED

01 MAY -1 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

Mailing Address
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

2. Principal Place of Business
11500 N.W.; 50TH TERR
Suite, Apt. #, etc.

3. Mailing Address
11500 N.W.; 50TH TERR
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0982298

Applied For
Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
U.S.A.

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Beatriz Valarino
Street Address (P.O. Box Number is Not Acceptable)
11500 N.W.; 50TH TERRACE
City
Miami FL Zip Code
33178

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

04/27/01 DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLOMBO, FRANKLIN 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VISO, EDGAR 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156 ☐ 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	MGRM Colombo, Franklin 1500 N.W.; 50TH TERRACE Miami, FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VISO, EDGAR 11500 N.W.; 50TH TERRACE Miami, FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/27/01 (305) 468-9305

Date Daytime Phone #

CR2E083 (11/00)