

2001 UNIFORM BUSINESS REPORT (UBR)

0014311 AF

DOCUMENT # L00000001247

1. Entity Name
AMERICAN TRADING GROUP, L.L.C.

FILED

01 JUN 18 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
22285 SW 66TH AVE., #2008
BOCA RATON FL 33428

Mailing Address
22285 SW 66TH AVE., #2008
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

22285 SW 66th Ave
Suite, Apt. #, etc.
2008

Same as

City & State
Boca Raton

City & State

Zip
33428

Country
USA

Zip

Country

4. FEI Number

65-0986571

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABREGO, RUBEN G
22285 SW 66TH AVE., #2008
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name
Same as
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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ABREGO, RUBEN G
22285 SW 66TH AVE., #2008
BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ABREGO, DOLORES R.G.
22285 SW 66TH AVE., #2008
BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200004438042--4
-06/22/01--01098--010
*****55.00 *****55.00

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

TITLE
NAME
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CITY-ST-ZIP
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☐ 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

5/1/01 954-6462722

CR2E083 (11/00)