

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001379

1. Entity Name  
AMV, LLC

APPROVED  
AND  
FILED

01 APR 27 PM 3: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7918 NORTHWEST 56 STREET  
MIAMI FL 33166

Mailing Address  
7918 NORTHWEST 56 STREET  
MIAMI FL 33166

10579 NW 57 ST  
MIAMI FL 33178

10579 NW 57 ST  
MIAMI FL 33178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALFANO, ALEXANDER J

3400 CORAL WAY, STE 603

MIAMI FL 33145

Name

KERLY CHIRINOS

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

5499 NW 105TH COURT

MIAMI

City

FL

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 *Kerly Chirinos*

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

(NOTE: Registered Agent signature required when reinstating)

2-15-2001

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME ~~MGRM~~  
STREET ADDRESS ~~MAGO, ALFONSO~~  
CITY-ST-ZIP ~~3400 CORAL WAY, STE 603~~  
~~MIAMI FL 33145~~

TITLE ☐ Change ☐ Addition  
NAME MGRM  
STREET ADDRESS MAGO, ALFONSO  
CITY-ST-ZIP 10579 NW 57 ST  
MIAMI FL 33178

TITLE ☐ Delete  
NAME ~~MGRM~~  
STREET ADDRESS ~~MAGO, MIREYA~~  
CITY-ST-ZIP ~~3400 CORAL WAY, STE 603~~  
~~MIAMI FL 33145~~

TITLE ☐ Change ☐ Addition  
NAME MGRM  
STREET ADDRESS MAGO, MIREYA  
CITY-ST-ZIP 10579 NW 57 ST  
MIAMI FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

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: *X* SIGNATURE REQUIRED *ALFONSO MAGO*

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

Date

Daytime Phone #

2-15-01

CR2E083 (11/00)