

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002026

1. Entity Name
ERBO ENTERPRISES, L.L.C.

FILED

01 FEB -2 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5731 NW 112ND AVE. #114
MIAMI FL 33178

Mailing Address
5731 NW 112ND AVE. #114
MIAMI FL 33178

2. Principal Place of Business
8327 NW 64 street
Suite, Apt. #, etc.

3. Mailing Address
8327 NW 64 street
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33166
Country
U.S.A.

City & State
Miami FL
Zip
33166
Country

4. FEI Number 65-0983965

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, BEATRIZ
4724 NW 114TH AVE. 8327 NW 64 street
MIAMI FL 33178 Miami FL 33166

7. Name and Address of New Registered Agent

Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Manager Maria Elena Santamaria 11373 NW 52 Lane Miami FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
000003662820--4 -02/09/01--01013--004 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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: Maria Elena Santamaria 1-11-01 (805) 640-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #