

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006745 AF

DOCUMENT # L00000002514

1. Entity Name

PATAGONIA ENTERPRISES, L.L.C.

FILED

01 FEB -5 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~5881 NW 151 STREET~~ 16241 N.W. 48th Ave  
~~MIAMI, FLORIDA 33014~~ MIAMI, FLA. 33014  
~~MIAMI LAKES FL 33014~~ MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0989568

Applied For

Not Applicable

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

MUSSMAN, JAY D

5881 NW 151 STREET

#101

MIAMI LAKES FL 33014

Name

JAY D. MUSSMAN

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

3265 Meridian Parkway #114

City

WESTON

FL

Zip Code

33331

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)

JAY D. MUSSMAN

1/17/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KAVANA, JORDAN  
5881 NW 151 STREET #101  
MIAMI LAKES FL 33014

☐ Delete

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

TITLE  
NAME  
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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 REQUIRED

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

Date

1/31/01

Daytime Phone #

(305) 620-1851

CR2E083 (11/00)