

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002757

1. Entity Name

EVEN U.S.A. L.L.C.
7330 NW 36 AVE.
MIAMI, FL 33147

FILED

01 JUN 13 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7330 NW 36 AVE.
MIAMI, FL 33147

Mailing Address
7685 NW 62ND WAY
PARKLAND, FL 33067

2. Principal Place of Business
7330 NW 36 AVE.

3. Mailing Address
7685 NW 62ND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
PARKLAND, FL

4. FEI Number
65-0995093

Applied For
Not Applicable

Zip
33147

Country
USA

Zip
33067

Country
USA

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

6. Name and Address of Current Registered Agent

LARRY J. BEHAR, PA
888 SE 3 AVE.
FT. LAUDERDALE, FL 33316

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

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

800004423498--9
-06/18/01--01012--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME DAVID BEHAR
STREET ADDRESS 7685 NW 62ND WAY
CITY-ST-ZIP PARKLAND, FL 33067-2418

TITLE **MGR** ☐ Delete
NAME ELIAS BEHAR
STREET ADDRESS 7685 NW 62ND WAY
CITY-ST-ZIP PARKLAND, FL 33067-2418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)