

2001 UNIFORM BUSINESS REPORT (UBR)

02/11/01

DOCUMENT # L00000006508

1. Entity Name
AUTAMA, L.L.C.

FILED
01 JAN 22 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**901 E SUNRISE BLVD
FT LAUDERDALE FL 33304**

Mailing Address
**901 E SUNRISE BLVD
FT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1013755

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

**MURGUEITTO, LUIS HERNANDO FRANCO
FRANCO MURGUEITTO & ASOCIADOS
600 BRICKELL AVE SUITE 301-D
MIAMI FL 33131**

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 **200003531092**

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

-01/30/01--D1008--014
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM CAICEDO, ANDRES MOLINA 901 E SUNRISE BLVD FT LAUDERDALE FL 33304	<input type="checkbox"/>		<input type="checkbox"/>
MGRM AZCARATE, ROSE M 901 E SUNRISE BLVD FT LAUDERDALE FL 33304	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 RECORDED Lewis Date: **1-15-01** Daytime Phone #: **954 763-1222**

CR2E083 (11/00)