

# 2001 UNIFORM BUSINESS REPORT (UBR)

**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**

MURGUEITIO, LUIS HERNANDO FRANCO  
FRANCO MURGUEITIO & 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**

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

(NOTE: Registered Agent signature required when reinstating)

200003541092  
-01/30/01--01008--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**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**

MGRM  
CAICEDO, ANDRES MOLINA  
901 E SUNRISE BLVD  
FT LAUDERDALE FL 33304

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

MGRM  
AZCARATE, ROSE M  
901 E SUNRISE BLVD  
FT LAUDERDALE FL 33304

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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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: Lewis

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

Date

Daytime Phone #

1-15-01 954 763-1222

CR2E083 (11/00)