

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007036

1. Entity Name
PC DEALER, L.L.C.

Principal Place of Business

301 SW 17TH RD.
SUITE 202
MIAMI FL 33129

Mailing Address

301 SW 17TH RD.
SUITE 202
MIAMI FL 33129

2. Principal Place of Business

4970 SW 72 Ave
Suite, Apt. #, etc. 105

3. Mailing Address

4970 SW 72 Ave
Suite, Apt. #, etc. 105

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-094-1988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

ROBLEDO, ANTHONY
8180 N.W. 36TH STREET, SUITE 100
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

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM
STREET ADDRESS NET DAN, INC.
CITY-ST-ZIP 4970 SW 72 AVE 105
MIAMI FL 33155 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS NET DAN, INC.
CITY-ST-ZIP 4970 SW 72 AVE 105
MIAMI FL 33155 ☐ Change ☒ Addition

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: ANTHONY ROBLEDO

1/23/01 305-6677371

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

Date

Daytime Phone #

FILED

01 JAN 25 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)