



2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007552 1. Entity Name BOTRAN IMPORTS (USA) LLC				FILED 01 SEP -1 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2672 NW 112 AVENUE MIAMI FL 33172		Mailing Address 2672 NW 112 AVENUE MIAMI FL 33172		 DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1020480001				Applied For <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES, JUAN E 4160 W. 16TH AVE., SUITE 402 HALEAH FL 33012				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001				900004602059--1 -09/20/01--01028--026 *****50.00 *****50.00	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MANAGER <input type="checkbox"/> Delete NAME LAZARO CARUNTA STREET ADDRESS 9500 S. DIXIE BLVD SUITE 402 CITY-ST-ZIP MIAMI FLORIDA 33156	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE MEMBER <input type="checkbox"/> Delete NAME JULIO ALBERTO SANTOS JARAMA STREET ADDRESS 4160 WEST 16 AVE #402 CITY-ST-ZIP HALEAH FLORIDA 33012	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE MEMBER <input type="checkbox"/> Delete NAME CRISTO GONZALEZ JARAMA STREET ADDRESS 4160 WEST 16 AVE #402 CITY-ST-ZIP HALEAH FLORIDA 33012	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  23-01 305-825 1925					

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