

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008013

1. Entity Name

PAMELA ARMS, L.L.C.

FILED

01 JUL -5 AM 8:47

Principal Place of Business

1782 EAST TRAFALGAR CIRCLE
HOLLYWOOD FL 33020

Mailing Address

1782 EAST TRAFALGAR CIRCLE
HOLLYWOOD FL 33020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name MILICA M. BISHOP

Street Address (P.O. Box Number is Not Acceptable)
1782 E. TRAFALGAR CR

City HOLLYWOOD

FL

Zip Code 33020

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BISHOP, MILICA M ☐ Delete
STREET ADDRESS 1782 EAST TRAFALGAR CIRCLE
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE NAME MGRM LLC, ALEKSANDAR ☒ Delete
STREET ADDRESS 1782 EAST TRAFALGAR CIRCLE
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300004474923--9
CITY-ST-ZIP -07/13/01-01085-013

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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: *Milica M. Bishop* MILICA M. BISHOP 6/29/01

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE