

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0010458 AF

DOCUMENT # L00000008259

1. Entity Name

AMERICAN CONSORTIUM ENTERPRISES, LLC

01 MAY -3, PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11401 SW 40TH STREET, SUITE 311
MIAMI FL 33165

Mailing Address

11401 SW 40TH STREET, SUITE 311
MIAMI FL 33165



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

RODRIGUEZ, IVAN M

11401 SW 40TH STREET, SUITE 311
MIAMI FL 33165

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

000004323480--6
-05/25/01--01065--001
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE **PRESIDENT**
NAME **ELIZABETH RIVAS**
STREET ADDRESS **11401 SW 40TH ST, # 311**
CITY-ST-ZIP **MIAMI, FL 33165**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **SECRETARY**
NAME **IVAN M. RODRIGUEZ**
STREET ADDRESS **11401 SW 40TH ST, # 311**
CITY-ST-ZIP **MIAMI, FL 33165**

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

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

4/27/01 (305) 223-8841

Date Daytime Phone #

CR2E083 (11/00)