

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008300

1. Entity Name  
SABRALASE, LC

Principal Place of Business  
1023 NW 133RD AVENUE  
MIAMI FL 33182

Mailing Address  
1023 NW 133RD AVENUE  
MIAMI FL 33182

2. Principal Place of Business  
12695 NW 11 ST  
Suite, Apt. #, etc.

3. Mailing Address  
12695 NW 11 ST  
Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL 33182

Zip  
33182

Country  
DADE

Zip  
33182

Country  
DADE

4. FEI Number  
65-1027341

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KENT, JIM  
2810 SW 122ND AVENUE  
MIAMI FL 33175

## 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 PRESIDENT  
NAME CARMEN M. HERNANDEZ  
STREET ADDRESS 12695 NW 11 ST.  
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE VICE PRESIDENT  
NAME SERGIO ARRECHEA  
STREET ADDRESS 12695 NW 11 ST  
CITY-ST-ZIP MIAMI FL 33182 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600003709056-4  
-02/19/01--01024--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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

02-8-01

Date

305 301-2790

Daytime Phone #

0028034 AF

CR2E083 (11/00)

FILED

01 FEB 12 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE