

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000008404

1. Entity Name

ToolBiz, L.L.C

FILED

Principal Place of Business

Mailing Address

9601 SW 142nd Ave
#1332
Miami FL 33186

9601 SW 142nd Ave
#1332
Miami FL 33186

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

361 SW 20th Rd

361 SW 20th Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami FL

Miami FL

4. FEI Number

☒ Applied For

65-1027597

☐ Not Applicable

Zip

33129

Country

U.S.A.

Zip

33129

Country

U.S.A.

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

DIAZ, Carol
9601 SW 142nd Ave
#1332
Miami FL 33186

Name DIAZ, Carol

Street Address (P.O. Box Number is Not Acceptable)

361 SW 20th Rd

City Miami

FL

Zip Code 33129

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

June 21, 2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME General Manager
STREET ADDRESS DIAZ, Carol
CITY-ST-ZIP 361 SW 20 Road
Miami FL 33129-1339 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME VARGAS, Miquela
STREET ADDRESS Administrator
CITY-ST-ZIP 361 SW 20 Road
Miami FL 33129-1339 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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]

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

June 21, 2001 305/8644283

Date

Daytime Phone #

CR2E083 (11/00)