

2001 UNIFORM BUSINESS REPORT (UBR)

0000758 AF

DOCUMENT # L00000008612

1. Entity Name

SANDY HARK FLORIDA, L.L.C.

ARC POWER SYSTEMS, LLC

FILED

01 APR 19 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3195 PONCE DE LEON BLVD., SUITE 400
C/O POST & ROMERO
CORAL GABLES FL 33134

Mailing Address

3195 PONCE DE LEON BLVD., SUITE 400
C/O POST & ROMERO
CORAL GABLES FL 33134

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMERO, CARLOS A JR.

3195 PONCE DE LEON BLVD., SUITE 400
CORAL GABLES FL 33134

Name

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.

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

3195 Ponce de Leon Blvd., Suite 400

City

Coral Gables

FL

Zip Code

33134

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

01-16-01

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
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
MANAGER
RICHARD REISS HUYKE
5735 NE 2nd AVE.
Miami, FL 33137-2597

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500004084155-00
-04/27/01--01031--014
*****50.00 *****50.00

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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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

4/16/01

305 751 4673

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

Date

Daytime Phone #

CR2E083 (11/00)