

2001 UNIFORM BUSINESS REPORT (UBR)

0009561 AF

DOCUMENT # L00000008894

1. Entity Name

PROMAN, LLC.

FILED

01 APR 16 PM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8390 W. FLAGLER ST., SUITE 219
MIAMI FL 33144

8390 W. FLAGLER ST., SUITE 219
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

10331 PINES BLVD.

10331 PINES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

M-170

M-170

City & State

City & State

PEMBROKE PINES

PEMBROKE PINES

Zip

Zip

33029

FLORIDA

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

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

ZIALEZ, ALEJANDRO M

19061 NW 21 ST

PEMBROKE PINES FL 33029

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

2/28/2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004035673--2
-04/20/01--01077--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ALEJANDRO ZIALEZ
10331 PINES BLVD.
PEMBROKE PINES, FL 33029

☐ Delete

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

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☐ 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

Date

Daytime Phone #

2/28/2001 954/270-0599

CR2E083 (11/00)