

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 0000000 9949
 1. Entity Name
 A F T PROFESSIONAL SERVICE L.L.C

FILED

01 MAY 18 AM 11:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 6323 MYLOR ST, APT B.
 HOLLYWOOD, FL 33024

2. Principal Place of Business
 6323 MYLOR ST
 Suite, Apt. #, etc.
 APT B
 City & State
 HOLLYWOOD, FL 33024
 Zip
 33024 Country
 USA

3. Mailing Address
 Suite, Apt. #, etc.
 SAME
 City & State
 Zip
 Country

4. FEI Number
 65-1032988 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 MACINTER CORPORATION
 15279 NW 7 STREET
 PEMBROKE PINES FL 33028

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ ANGEL RAFAEL 6323 MYLOR ST, APT B HOLLYWOOD, FL 33024 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIANGELO RONALDO JR 1431 NW. 123 TERRACE PEMBROKE PINES, FL 33026 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ MIGUEL ANGEL 6323 MYLOR ST, APT B HOLLYWOOD, FL 33024 ☐ 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	TR MIGUEL A. CURCI 15279 NW. 7 ST PEMBROKE PINES, FL 33028 ☐ 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.

MIGUEL A. CURCI (TR) 04/30/01 94-730-718