

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0010634  
AF

DOCUMENT # L00000012647

1. Entity Name  
CAR-O-PRACTERS, L.L.C.

01 MAY -2 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7887 N.W. 53RD ST.  
MIAMI FL 33166

Mailing Address  
7887 N.W. 53RD ST.  
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Same  
Suite, Apt. # etc.  
7887 NW.53 St  
City & State  
Miami, FL  
Zip  
33166

3. Mailing Address  
Same  
Suite, Apt. # etc.  
7887 NW.53 St  
City & State  
Miami, FL  
Zip  
33166

4. FEI Number  
65-1055884  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
LORIGA, FRANCISCO O ESQ.  
6482 S.W. 39TH ST.  
MIAMI FL 33155

7. Name and Address of New Registered Agent  
Name  
Same  
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 \_\_\_\_\_ (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	LUIS Fernandez/owner 5021 SW 133 Ave Miami, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LUIS Castillo/owner 11790 SW 18th St Apt. 522 Miami, FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	500004302415--2 -05/23/01--01074--001 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for an 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 #

CR2E083 (11/00)