

2001 UNIFORM BUSINESS REPORT (UBR)

0010239 AF

DOCUMENT # L00000012749

1. Entity Name
UNITED FAMILY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:44

Principal Place of Business
16445 COLLINS AVE., STE. 1825
NORTH MIAMI BEACH FL 33160

Mailing Address
16445 COLLINS AVE., STE. 1825
NORTH MIAMI BEACH FL 33160



2. Principal Place of Business

3. Mailing Address

2580 NE Miami Gardens Dr, Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State
N. Miami Beach, FL

City & State
N. Miami Beach, FL

4. FEI Number 65-1049007

Applied For

Not Applicable

Zip 33180

Country USA

Zip 33180

Country USA

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

CAMACHO, JACQUELINE
16445 COLLINS AVE., STE. 1825
NORTH MIAMI BEACH FL 33160

Name Jacqueline Camacho

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

2580 NE Miami Gardens Drive

City N. Miami Beach

FL

Zip Code 33180

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: Jacqueline Camacho Manager

1-31-01

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

10. ADDITIONS / CHANGES

TITLE MGR
NAME CAMACHO, JACQUELINE
STREET ADDRESS 16445 COLLINS AVE., STE. 1825
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Jacqueline Camacho

1-31-01

305-935-9700

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

Date

Daytime Phone #

CR2E083 (11/00)