## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000013146  1. Entity Name HERNAN ORTEGA ALL PLANTS, LLC						:	FILED			
							01 APR -9 AM 7: 46			
		1					SECRETARY OF STA	TF		
Principal Place	e of Business	Ma	iling Address				TALLAHASSEE. FLOR	KIDA		
8279 S.W. 107 MIAMI FL 331		8279 S.W. 107 AVENUE #C MIAMI FL 33173								
		÷								
2. Principal Pi	lace of Business	3. N	3. Mailing Address				I HADIKEN EN DUNK ERNN ORME EDNA 5840 86151		BILLIO D'INȚICAL	
Suite, Apt. #, etc.		; s	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		C	City & State				4. FEI Number 65 - 1074650   Applied For Not Applicable			
Zip Country		Zip Count			try	5. Certificate of Status Desired Status Desired Fee Required				
	6. Name and Addr	ess of Current Registe	ered Agent	1		7. Name	e and Address of New Registered	Agent		
ORTEGA, HERNAN Street Address						÷>,			<u> </u>	
•	. 107 AVENUE #C					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL		•								
,,,,,					City		FL	Zip Code	e	
5. The above		his statement for the or	roops of obanging its	rogietor	nd office or regist	ered agent o	or both, in the State of Florida.	<u>"  </u>		
8. The above	named entity submits i	ms statement for the po	irpose or changing its	o legister	sa olikoe or rogist	crea agont, t	or beautiful allo electe of the lead			
SIGNATURE _		ne of registered agent and title if	anolicable (NO	F: Begistere	d Agent signature requir	red when reinstati	ng) DATE		}	
<del></del>	Signature, typed or printed nam	e of registered agent and the fi					1000004017			
					FEE IS \$50.00		04/13/010 *****50.00		-003  50.00	
		1	Make Check Pa	ayable (	o Department	UI State		, , , , ,		
9.	MAI	VAGING MEMBERS/M	EMBERS	10.			ADDITIONS/CHANGES			
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Street Address City-St-Zip		•		1	-ST-ZIP					
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CITY-ST-ZIP		on aumolical with this en	na door not musik if			Section 110	07(3)(i), Florida Statutes. I further ce	rtify that the i	oformation	
indicated	on this report is true ar	on supplied with this till and accurate and that my	v signature shall have	the sam	e legal effect as if	r made unde	r oatn; that I am a managing memb	er or manage	or of the	

URE: 305 275 10 20
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Data Daylimo Phone #