

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90023 014 \*\*\*\*55.00

**DOCUMENT # L00000013361**

1. Entity Name

**GARMAX INTERNATIONAL, LLC**



Principal Place of Business

**3633 SW 30 AVENUE  
FT. LAUDERDALE FL 33312**

Mailing Address

**3633 SW 30 AVENUE  
FT. LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 260701**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**8751 NW 102 ST**

City & State

**Medley, FL**

City & State

**Pembroke Pines, FL**

Zip

**33178**

Country

**USA**

Zip

**33026-7701**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1051154**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, JUAN  
3633 SW 30 AVENUE  
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **GARCIA, JUAN**

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

**14252 NW 18TH MANOR**

City

**Pembroke Pines**

FL

Zip Code

**33028**

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. I am familiar with, and accept the obligations of registered agent

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GARCIA, JUAN 14252 NW 18 MANOR PEMBROKE PINES FL 33028</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SEGATTO, MASSIMO 14433 NW 16 COURT PEMBROKE PINES FL 33028</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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 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 REQUIRED**

**(954) 650.3289**

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

Date

Daytime Phone #

CR2E083 (10/02)