

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013874

1. Entity Name

NG USA, L.L.C.

Principal Place of Business

Mailing Address

12984 S.W. 132 AVE.
MIAMI FL 33186

12984 S.W. 132 AVE.
MIAMI FL 33186

2. Principal Place of Business

12205 SW 131st Avenue

3. Mailing Address

12205 SW 131st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, Florida

Zip

33186

Country

DADE

Zip

33186

Country

Dade

4. FEI Number

65-1085065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNG, EDWARD
12984 S.W. 132 AVE.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name N/A

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]

(Signature of registered agent or principal officer of the entity, if applicable)

(NOTE: Registered Agent signature required when reinstating)

7-2-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

900004481579--4

-07/17/01--01036--010

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HUNG, EDWARD
STREET ADDRESS 12984 S.W. 132 AVE.
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE MGRM
NAME HUNG, EDUARDO
STREET ADDRESS 12984 S.W. 132 AVE.
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE MGRM
NAME HUNG, EDGARDO
STREET ADDRESS 12984 S.W. 132 AVE.
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE MGRM
NAME HUNG, EDGAR
STREET ADDRESS 12984 S.W. 132 AVE.
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE MGRM
NAME HUNG, ERASMO
STREET ADDRESS 12984 S.W. 132 AVE.
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE MGRM
NAME HUNG, ESMER
STREET ADDRESS 12984 S.W. 132 AVE.
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

10. ADDITIONS/CHANGES

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

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.

SIGNATURE:

[Signature]

FE REQUIRED

7-02-01

(305) 254-8898

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE