

**2001 UNIFORM BUSINESS REPORT (UBR)**

0000086

**DOCUMENT # L00000015927**

1. Entity Name  
**CAMAR DISTRIBUTION, LLC**

Principal Place of Business: **ONE SE THIRD AVE., 15TH FLOOR MIAMI FL 33131**  
Mailing Address: **ONE SE THIRD AVE., 15TH FLOOR MIAMI FL 33131**

2. Principal Place of Business: **1160 E. Hallandale Bch Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address: **1160 E. Hallandale Bch Blvd.**  
Suite, Apt. #, etc.

**FILED**  
**01 SEP 14 PM 12:17**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

City & State: **Hallandale, FL** | City & State: **Hallandale, FL** | 4. FEI Number: **65-1062671** | Applied For:  Not Applicable

Zip: **33009** | Country: **USA** | Zip: **33009** | Country: **USA** | 5. Certificate of Status Desired:  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent: **BERKOWITZ, RICHARD A ONE SE THIRD AVE., 15TH FLOOR MIAMI FL 33131**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: \_\_\_\_\_ DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

**500004609545--6**  
**-09/25/01--01006--008**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: <b>managing member</b> NAME: <b>Roberto Szerer</b> STREET ADDRESS: <b>1160 E. Hallandale Bch Blvd.</b> CITY-ST-ZIP: <b>Hallandale, FL 33009</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>managing member</b> NAME: <b>Ronald Durchfort</b> STREET ADDRESS: <b>1160 E. Hallandale Bch Blvd.</b> CITY-ST-ZIP: <b>Hallandale, FL 33009</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **9/7/01 (954)456-2566**

STAPLE CHECK HERE

CR2E083 (5/01)