

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90189 007 ****50.00

DOCUMENT # L01000000932

1. Entity Name

AMERICAN REALTY GROUP, L.L.C.

Principal Place of Business

**4571 NW 19TH TERRACE
TAMARAC FL 33309**

Mailing Address

**4571 NW 19TH TERRACE
TAMARAC FL 33309**

2. Principal Place of Business

1621 N.W. 46th STREET

3. Mailing Address

1621 N.W. 46th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

52-2289239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ VALENCIA, JAIRO ALBERTO
4571 NW 19TH TERRACE
TAMARAC FL 33309**

7. Name and Address of New Registered Agent

Name **LOPEZ VALENCIA, JAIRO ALBERTO**

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

1621 N.W. 46th STREET

City

TAMARAC

FL

Zip Code

33309

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, 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **LOPEZ VALENCIA, JAIRO ALBERTO**
STREET ADDRESS **4571 NW 19TH TERRACE**
CITY-ST-ZIP **TAMARAC FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **LOPEZ VALENCIA, JAIRO ALBERTO**
STREET ADDRESS **1621 N.W. 46th STREET**
CITY-ST-ZIP **TAMARAC, FL - 33309**

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

TITLE ☐ Change ☐ Addition
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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: **MGRM**

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

Date

Daytime Phone #

CR2E083 (9/01)