

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004676

1. Entity Name

AMAZONIA SERVICES, LLC

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90108 007 ****50.00

0011356

Principal Place of Business

2510 N.W. 97TH AVE.
SUITE 100
MAITLAND FL 33172

Mailing Address

2510 N.W. 97TH AVE.
SUITE 100
MAITLAND FL 33172

913244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1104608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JOSE IGNACIO
2510 N.W. 97TH AVE.
SUITE 100
MAITLAND FL 33172

Name

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, 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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PARES, MANUEL
STREET ADDRESS 2510 N.W. 97TH AVE.
CITY-ST-ZIP MAITLAND FL 33172

☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS 2510 NW 97 AVE. #100
CITY-ST-ZIP MIAMI, FL 33172

TITLE MGR ☐ Delete
NAME OYARZABAL, MANUEL
STREET ADDRESS 2510 N.W. 97TH AVE.
CITY-ST-ZIP MAITLAND FL 33172

☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS 2510 NW 97 AVE # 100
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

☐ Change ☐ Addition
TITLE NAME
STREET ADDRESS
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:

SIGNATURE MANUEL OYARZABAL

01/23/02

305-467-8616

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

Date

Daytime Phone #

CR2E083 (9/01)