

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011008

1. Entity Name

AMERICAN INDUSTRIAL GROUP, L.L.C.

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90139 027 ****50.00

970574



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8548 NW 66TH STREET
MIAMI FL 33166

8548 NW 66TH STREET
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1139967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCIELLY LOUISE FRANCA
8548 NW 66TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name HUGO RAUL ROIG MOREIRA

Street Address (P.O. Box Number is Not Acceptable)
8548 NW 66 STREET.

City Miami

FL

Zip Code
33166

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FRANCIELLY LOUISE FRANCA ☒ Delete
STREET ADDRESS 540 BRICKELL KEY DR., NO. 1016
CITY-ST-ZIP MIAMI FL 33131

TITLE MGR
NAME HUGO RAUL ROIG MOREIRA ☐ Change ☒ Addition
STREET ADDRESS 540 BRICKELL KEY DR. N#500
CITY-ST-ZIP MIAMI FL 33131

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: HUGO RAUL ROIG MOREIRA MGR. 7-15-02 (305) 440-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)