

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L010000TT940**

1. Entity Name

AMIGOS TAVARES R.E., LLC

Principal Place of Business

**140 N. WESTMONTE DR., STE. 203
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**140 N. WESTMONTE DR., STE. 203
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

455 S. ORANGE AVE

3. Mailing Address

Suite, Apt. #, etc.

STE 500

City & State

ORLANDO FL

Zip

32801

Country

USA

Zip

Country

4. FEI Number

59-3736576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HYLTIN, ANDREW A
140 N. WESTMONTE DR., STE. 203
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

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

TITLE **Mg. Partner** ☐ Delete
NAME **Andrew A. Hyltin**
STREET ADDRESS **3385 Lakeview Oaks DR**
CITY-ST-ZIP **Longwood FL 32779**

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 REQUIRED

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

Date

Daytime Phone #

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-07-2002 90390 028 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)