

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017023

1. Entity Name

DE ARMAS & COMPANY, LLC

Principal Place of Business

255 ALHAMBRA CIRCLE SUITE 720
CORAL GABLES FL 33134

Mailing Address

255 ALHAMBRA CIRCLE SUITE 720
CORAL GABLES FL 33134

2. Principal Place of Business

6400 SW 134 Drive

Suite, Apt. #, etc.

3. Mailing Address

6400 SW 134 Drive

Suite, Apt. #, etc.

City & State

PineCrest, FL

Zip

33156

Country

USA

City & State

PineCrest, FL

Zip

33156

Country

USA

4. FEI Number

65-1141240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE ARMAS, JOHN A
255 ALHAMBRA CIRCLE SUITE 720
CORAL GABLES FL 33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
John A. deArmas
6400 S.W. 134 Dr.
Miami, Florida 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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

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

Date

Daytime Phone #

APR 12 2002 3057405448

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-13-2002 90257 047 *****50.00



DO NOT WRITE IN THIS SPACE

CP2E083 (9/01)