

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-25-2002 90001 046 ****50.00

DOCUMENT # L01000018227

1. Entity Name

AMAT NAVARRO & SONS, L.L.C. ✓

Principal Place of Business

16851 NE 23 ROAD AVENUE APT. #611
 NORTH MIAMI BEACH FL 33160

Mailing Address

9900 STIRLING ROAD SUITE 240
 COOPER CITY FL 33024

2. Principal Place of Business

1811 JEFFERSON STREET

3. Mailing Address

1811 JEFFERSON STREET

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

210

City & State

HOLLYWOOD

City & State

HOLLYWOOD

4. FEI Number

65-1146538

Applied For

Not Applicable

Zip

33020

Country

U.S.A.

Zip

33020

Country

U.S.A.

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVA, LUIS F
 16300 NE 19 AVENUE SUITE C
 NORTH MIAMI BEACH FL 33162

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMAT, RAFAEL 16851 NE 23 ROAD AVENUE APT. #611 NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVARRO, MARINA 16851 NE 23 ROAD AVENUE APT. #611 NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMAT, MARINA L 16851 NE 23 ROAD AVENUE APT. #611 NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMAT, IVAN R 16851 NE 23 ROAD AVENUE APT. #611 NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM AMAT, JORGE L 16851 NE 23 ROAD AVENUE APT. #611 NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Rafael Amat / Ivan R Amat / Rafael Amat

4/17/02

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

Date

Daytime Phone #

CR2E063 (9/01)