

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90221 050 \*\*\*\*55.00

**DOCUMENT # L01000018487**

1. Entity Name

**AACCR, LLC**

Principal Place of Business

**7211 NW 79TH TERRACE  
MIAMI FL 33166**

Mailing Address

**7211 NW 79TH TERRACE  
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

**12937 W. Okeechobee Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Cond. D # 2,3**

City &amp; State

City &amp; State

**Hialeah Gardens, Fl.**

4. FEI Number

**65-1158587**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33018****USA**

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

**SANTORSOLA, ROCCO**  
**7211 NW 79TH TERRACE**  
**MIAMI FL 33166**

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

**4/29/02**

**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 **SANTORSOLA, ROCCO**  
 STREET ADDRESS **7211 NW 79TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
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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 #

**4/29/02** **(305) 889-0700**

CR2E083 (9/01)