

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/28.

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90076 043 \*\*\*\*50.00

**DOCUMENT # L02000012465**

1. Entity Name

**AUTOMATION & BUSINESS SOLUTIONS, L.L.C.**



Principal Place of Business

6915 RED RD., STE. 220  
CORAL GABLES FL 33143

Mailing Address

6915 RED RD., STE. 220  
CORAL GABLES FL 33143

**44002839**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

**SUITE 215-A**

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 215-A**

City & State

Zip

Country

4. FEI Number

**01-0708438**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALAM, TONI H**  
**6915 RED RD., STE. 220**  
**CORAL GABLES FL 33143**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**SUITE 215-A**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Toni H. Alam**

**4/24/03**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Principal**  
**Toni H. Alam CPA**  
**6915 Red Rd., Ste 215-A**  
**Coral Gables, FL 33143**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Manager**  
**Jesus Cue**  
**11600 SW 60 Avenue**  
**Miami, FL 33156**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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:

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

**Toni H. Alam**

**4/24/03**

Date

Daytime Phone #

CR2E083 (10/02)