

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90048 010 ***143.75

DOCUMENT # L05000102482

1. Entity Name
UV 2000, LLC



Principal Place of Business
7086 NW 109 CT
DORAL, FL 33178

Mailing Address
7086 NW 109 CT
DORAL, FL 33178

50010141



08042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3848739

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGURA, VICTOR E
7089 NW 109 COURT
DORAL, FL 33178

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SEGURA, VICTOR E
STREET ADDRESS	7086 NW 109 CT
CITY-ST-ZIP	DORAL, FL 33178
TITLE	MGRM
NAME	ROMERO DE SEGURA, URAIMA
STREET ADDRESS	7086 NW 109 CT
CITY-ST-ZIP	DORAL, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Victor E. Segura

08/05/2008 (786) 845-9561
Date Daytime Phone #