

2000 UNIFORM BUSINESS REPORT (UBR)

0003846 AF

DOCUMENT # L94000000453

1. Entity Name
AMERICAS ASSET MANAGEMENT, L.C.

FILED
00 MAR -7 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W3/20

Principal Place of Business
1501 VENERA AVE.
#340
CORAL GABLES FL 33146

Mailing Address
1501 VENERA AVE.
#340
CORAL GABLES FL 33146-3032



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0527006

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JAMERSON, JR., ROBERT L P.A.
2655 LE JEUNE RD.
PENTHOUSE II
CORAL GABLES FL 33134

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

9.

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FERNANDEZ, GUILLERMO
1845 SNAPPER CREEK RD
CORAL GABLES FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

900003178889--7
-03/22/00--01007--001
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☐ Change

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NANNINI, MAURO B
6300 CABALLERO BLVD.
CORAL GABLES FL 33161

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

MAURO B NANNINI

Date

Daytime Phone #

HW6R X 2/28/00 305-899 1000

CR2E083 (9/99)