

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000732

1. Entity Name
U.S.G. MARKETING L.C.

FILED

01 JAN 18 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10620 N.W. 27TH STREET
MIAMI FL 33172

Mailing Address
10620 N.W. 27TH STREET
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0544068

Applied For
Not Applicable

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

ANTON, EDUARDO
1385 CORAL WAY
SUITE 406
MIAMI FL 33145

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 ☐ Delete
MGR
ROJAS, HENRIQUE
STREET ADDRESS
10620 N.W. 27TH STREET
CITY-ST-ZIP
MIAMI FL 33172

TITLE NAME ☐ Change ☐ Addition
900003582593-2
-01/26/01--01149--010
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGR
WELLISCH, ROBERTO
STREET ADDRESS
10620 N.W. 27TH STREET
CITY-ST-ZIP
MIAMI FL 33172

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGR
MOLINA, MIGUEL A
STREET ADDRESS
10620 N.W. 27TH STREET
CITY-ST-ZIP
MIAMI FL 33172

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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 REQUIRED

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

Date

Daytime Phone #

1/12/01 305-593-2246

CR2E083 (11/00)