

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000950

1. Entity Name

PHOENIX WAY, L.C.

FILED

01 MAY 18 AM 11:18

Principal Place of Business

12000 BISCAYNE BLVD.
SUITE 220
MIAMI, FL 33181

Mailing Address

199 SW 12TH Avenue, Ste. T
Miami, FL 33130-1056

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

199 SW 12TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 11

DO NOT WRITE IN THIS SPACE

City & State

City & State
MIAMI, FL

4. FEI Number

65-0789050

Applied For

Not Applicable

Zip

Country

Zip

Country

33130-1056

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

JE OYARCE & ASSOCIATES

% JORGE E. OYARCE

199 SW 12TH AVENUE, SUITE 11
MIAMI, FL 33130-1056

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 MGRM
NAME
STREET ADDRESS
CITY-ST-ZIP

PARRA, CAROLINA P
5278 NW 114TH AVE., SUITE 107
MIAMI, FL 33178

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CAROLINA PARRA, MGRM.

4/23/01

Date

305-324-2248

Telephone

CR2E083 (11/00)