

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000000027

1. Entity Name
PATRICIA TOBON, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:35

nf 3/22/00

Principal Place of Business
5401 COLLINS AVENUE, SUITE 914
MIAMI BEACH FL 33140

Mailing Address
5401 COLLINS AVENUE, SUITE 914
MIAMI BEACH FL 33140-2532



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
City & State

4. FET Number
65-0830106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip Country Zip Country

6. Name and Address of Current Registered Agent
OYARCE, JORGE E
C/O JE OYARCE & ASSOCIATES
199 SW 12TH AVENUE, SUITE 11
MIAMI FL 33130-1056

7. Name and Address of New Registered Agent
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	MGRM TOBON, PATRICIA 5401 COLLINS AVENUE, SUITE 914 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	6000003189116--5 -03/30/00--01003--021 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **SIGNATURE REQUIRED** 3/2/00 305-324-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)