

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

DOCUMENT # L98000000027

1. Entity Name

PATRICIA TOBON, L.C.

01 MAY -1 PH 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5401 COLLINS AVENUE SUITE 914 MIAMI BEACH, FL 33140	Mailing Address 5401 COLLINS AVENUE SUITE 914 MIAMI BEACH, FL 33140
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2. Principal Place of Business 5401 COLLINS AVENUE Suite, Apt. #, etc. SUITE 914	3. Mailing Address 199 SW 12TH AVENUE Suite, Apt. #, etc. SUITE 11
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0830106	Applied For <input type="checkbox"/> Not Applicable
Zip 33140	Country USA	Zip 33130-1056	Country 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

OYARCE, JORGE E
% JE OYARCE & ASSOCIATES
199 SW 12TH AVENUE
SUITE 11
MIAMI, FL 33130

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 _____ (NOTE: registered Agent signature required when reinstating) DATE _____

FILE NO. 1111 FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOBON PATRICIA 5401 COLLINS AVE, #914, MIA BCH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004272406--6 -05/21/01--01023--010 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  PATRICIA TOBON, MGRM 4/23/01 305-324-2248

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

Date Daytime Phone