

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000164

1. Entity Name

ADRIANA SCHAKED TRANSLATIONS LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 AM 9:15

Principal Place of Business

3530 MYSTIC POINTE DRIVE  
AVENTURA FL 33180

Mailing Address

P.O. BOX 630635  
NORTH MIAMI FL 33163-0635

2. Principal Place of Business

P.O. BOX 630635

3. Mailing Address

Suite, Apt. #, etc.

City & State

NORTH MIAMI

City & State

4. FEI Number

65-0818083

Applied For

Not Applicable

Zip

33163-0635

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHAKED, ADRIANA  
3530 MYSTIC POINTE DRIVE  
AVENTURA FL 33180

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

TITLE MGR  
NAME SCHAKED, ADRIANA  
STREET ADDRESS 3530 MYSTIC POINTE DRIVE  
CITY- ST- ZIP AVENTURA FL 33180 ☐ Delete

TITLE MGR  
NAME SCHAKED, BARUCH  
STREET ADDRESS 3530 MYSTIC POINTE DRIVE  
CITY- ST- ZIP AVENTURA FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
MJ 3/8/00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
400003164134--9  
-03/09/00--01087--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ 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 SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-22-2000

305-933-9595

CR2E083 (9/99)