

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001834

1. Entity Name
AMAZONIA INTERNATIONAL, L.C.

Principal Place of Business
4747 WEST WATER AVE., ROOM 303
TAMPA FL 33614

Mailing Address
4747 WEST WATER AVE., ROOM 303
TAMPA FL 33614-1450

2. Principal Place of Business
4747 W. WATERS AVE

3. Mailing Address
4747 W. WATERS AVE

Suite, Apt. #, etc.
APT # 303

Suite, Apt. #, etc.
APT. # 303

City & State
TAMPA FL

City & State
TAMPA FL

Zip Country
33614 USA

Zip Country
33614 USA

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQUIRE
CUEVAS & RUBIN, P.A.
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ALBERTO PERDOMO
Street Address (P.O. Box Number is Not Acceptable)
4747 W. WATERS AVE APT 303
TAMPA FL
City FL Zip Code 33614

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 *A. Perdomo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/20/00
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME PERDOMO, JUAN
STREET ADDRESS 4747 W. WATER AVE., #4011
CITY-ST-ZIP TAMPA FL 33614

TITLE MGRM ☐ Delete
NAME PERDOMO, ALBERTO
STREET ADDRESS 4747 W. WATER AVE., #4011
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
7000003198597--4
-04/06/00--01080--005
*****55.00 *****55.00

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

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

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TITLE
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CITY-ST-ZIP

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:

A. Perdomo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03/20/00 (813) 331 0472
Date Daytime Phone #

FILED
00 MAR 23 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)