

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002424

1. Entity Name

PROSTEC, L.L.C.

FILED

00 APR 11 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7290 S.W. 42ND STREET
MIAMI FL 33155

Mailing Address

7290 S.W. 42ND STREET
MIAMI FL 33122-1900



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8210 N.W. 27 St,

3. Mailing Address

8210 N.W. 27 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0892723

Applied For

Not Applicable

Zip
33122

Country
US

Zip
33122

Country
US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, DANIEL T ESQUIRE
1304 N.W. 98TH TERRACE
GAINESVILLE FL 32606

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 ☐ Delete
NAME JAHMARKT, SCOTT
STREET ADDRESS 7290 S.W. 42ND STREET
CITY - ST - ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8210 N.W. 27 Street
CITY - ST - ZIP Miami, FL 33122

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

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

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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/13/00

CR2E083 (9/99)