

2000 UNIFORM BUSINESS REPORT (UBR)

0003554 AF

DOCUMENT # L99000001095

1. Entity Name
JOMARO, L.L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
804 OCEAN DRIVE
MIAMI BEACH FL 33139

Mailing Address
804 OCEAN DRIVE
MIAMI BEACH FL 33139-5800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0904690

Applied For

Not Applicable

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

LUSTIG, ROY R
2600 DOUGLAS ROAD, SUITE 911
CORAL GABLES FL 33134

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 ~~MGRM~~
NAME ~~CAN, ROBERTO~~
STREET ADDRESS ~~C/O 2600 DOUGLAS ROAD, SUITE 911~~
CITY-ST-ZIP ~~CORAL GABLES FL 33134~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003223103
-04/25/00--01067--006
*****50.00 *****50.00

TITLE MGRM
NAME MRF USA, INC
STREET ADDRESS C/O 2600 Douglas Rd, Suite 911
CITY-ST-ZIP Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME PACHECO, GEORGE N
STREET ADDRESS C/O 2600 DOUGLAS ROAD, SUITE 911
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGRM
NAME Pacheco, George N
STREET ADDRESS 804 Ocean Drive
CITY-ST-ZIP Miami Beach, FL 33139

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: SIGNATURE REQUIRED MRF USA, INC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)