2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001755 1. Entity Name					FILLU SECRETARY OF STATE				
ATLANTIC BEARING SERVICES, L.C.					DIVISION OF CORPORATIONS				
	y - 1	· 1			00 FEE	29 AMII:	35		
Principal Place of Business Mailing Address						, em 22 11(1)	00		
8163 N.W. 74TH AVENUE 8163 N.W. 74TH AVENUE MIAMI FL 33166-7401									
111/1111 (Z 00)		# F			I I da han menangan	In 80 70 40 10 60 00 60 01	 #8981 11841 1#88 1	DYNNI BINI 1831	
3									
2. Principal Place of Business 30th Terr. 3. Malling Address - Same -					. 16911811 816 18119 18	ii) waisi basis obiit aaci		14101 0111 1001	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & State City & State					lumber 000		Ар	plied For	
Mami i FLOW WW					lumber 5 - 090	9848		t Applicable	
Zip スス	122. Country	Zip ,	Country	5. Certi	ficate of Status D	esired	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
ORTEGA, ALVARO Street Address /F					P.O. Box Number is Not Acceptable)				
8163 N.W. 74TH AVENUE					lumber is Not Ac	ceptable)			
MIAMI FL 33166 820					NW	30th To	6LL		
	1 1	,	City	Miami	· FL	FI	1	122	
8. The above named entity submits this statement for purpose of changing its registered office or registered agent, or both, in the State of Florida.									
JULY 15 2000									
SIGNATURE Signature, typics of 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 Pay	yable to Depart	tment of State					
9.	MANAGING MEMBER	S/MEMBERS	10.		ADD	ITIONS/CHANGE	 :S		
TITLE	MGR	Delete	TITLE	Genera		gan	Change	☐ Addition (
NAME STREET ADDRESS	ORTEGA, ALVARO 8163 N.W. 74TH AVENUE		NAME STREET ADDRESS	02 tega	Alvo	uro St Terr.			
CITY-8T-ZIP	MIAMI FL 33166	· · · · · · · · · · · · · · · · · · ·	CITY- \$T-ZIP	Hiam	FL	33/22			
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NAME			NAME STREET ADDRESS					}	
STREET ADDRESS CITY-ST-ZIP			CITY- ST- ZIP						
TITLE 14		☐ Deleta	TITLE		<u> </u>		☐ Change	Addition	
RAME STREET ADDRESS	N.	• .	NAME Street Address						
CITY-ST-ZIP		\ A	CITY-ST-ZIP						
11. I hereby of indicated	certify that the information supplied with the on this report is true and accurate and the contract and the	nis filing does not qualify for lat my signature shall have t	the exemption state	ated in Section 119. ect as if made unde	07(3)(i), Florida 9 r oath; that I am	Statutes. I further co a managing memb	ertify that the in per or manage	formation r of the	
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 the first report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURED Feb. 15, 7800 305-5924404									
SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #									