

2000 UNIFORM BUSINESS REPORT (UBR)

0004298 AF

DOCUMENT # L99000001755

1. Entity Name

ATLANTIC BEARING SERVICES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:35



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8163 N.W. 74TH AVENUE
MIAMI FL 33166

Mailing Address

8163 N.W. 74TH AVENUE
MIAMI FL 33166-7401

2. Principal Place of Business

8208 NW 30th Terr.

3. Mailing Address

-same-

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-0909848

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTEGA, ALVARO

8163 N.W. 74TH AVENUE
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Ortega, Alvaro

Street Address (P.O. Box Number is Not Acceptable)

8208 NW 30th Terr.

City

Miami FL

FL

Zip Code

33122

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

Feb 15, 2000

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME ORTEGA, ALVARO
STREET ADDRESS 8163 N.W. 74TH AVENUE
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE General Manager
NAME Ortega, Alvaro
STREET ADDRESS 8208 NW 30th Terr.
CITY-ST-ZIP Miami, FL 33122 ☐ 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

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 file this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Feb. 15, 2000

305-5924404

CR2E083 (9/99)