

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002221

1. Entity Name
PDEX, LC

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1021 WEST 46TH STREET
MIAMI BEACH FL 33140

Mailing Address

1021 WEST 46TH STREET
MIAMI BEACH FL 33140 2001

2. Principal Place of Business

10817 NW 29th ST
Suite, Apt. #, etc.

3. Mailing Address

10817 NW 29th ST
Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0912355

Applied For

Not Applicable

Zip

33172

Country

0000

Zip

33172

Country

0000

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33104

7. Name and Address of New Registered Agent

Name GASTON DOMINGUEZ

Street Address (P.O. Box Number is Not Acceptable)
10817 N.W. 29th Street

City

Miami

FL

Zip Code

33172

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 GASTON DOMINGUEZ

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

(NOTE: Registered Agent signature required for reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME DOMINGUEZ, GASTON EDUARDO
STREET ADDRESS 1021 WEST 46TH STREET
CITY- ST- ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE MGR
NAME CHANCY, JUAN ASCENCIO
STREET ADDRESS 1021 WEST 46TH STREET
CITY- ST- ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
100003118171--1
-02/01/00--01059--011
*****50.00 *****50.00 ☐ Change

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 149.07(2)(b), 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

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

Date

Daytime Phone #