

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002335

1. Entity Name

SCOTMAR, L.L.C.

Principal Place of Business

6500 NW 12TH AVENUE, UNIT 101  
FORT LAUDERDALE FL 33309

Mailing Address

6500 NW 12TH AVENUE, UNIT 101  
FORT LAUDERDALE FL 33309-1146

FILED

00 APR 11 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65 918 114

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

MANSOUR, SIMO

6500 NW 12TH AVENUE, UNIT 101  
FORT LAUDERDALE FL 33309

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 ☐ Delete  
NAME MGRM  
STREET ADDRESS MANSOUR, SIMO  
CITY-ST-ZIP 2829 N.E. 30TH STREET, APT. 303  
FORT LAUDERDALE FL 33306

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

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS MANSOUR, DEBBIE  
CITY-ST-ZIP 2829 N.E. 30TH STREET, APT. 303  
FORT LAUDERDALE FL 33306

TITLE ☐ Change ☐ Addition  
NAME 400003217884--6  
STREET ADDRESS -04/21/00--01010--005  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*SIMO-MANSOUR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/03/00

Date

454 771 688

Daytime Phone #

CR2E083 (9/99)