

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002822

1. Entity Name
COMMERCIAL ELECTRONICS, L.L.C.

Principal Place of Business
5220 NW 72ND AVE., #A-2
MIAMI FL 33166

Mailing Address
5220 NW 72ND AVE., #A-2
MIAMI FL 33166

2. Principal Place of Business

5220 NW 72 AVE #2A
Suite, Apt. #, etc.

3. Mailing Address

5220 NW 72 AVE #2A
Suite, Apt. #, etc.

City & State

Miami FLA.

City & State

Miami FLA.

Zip

Country

33166

Zip

Country

33016.6

4. FEI Number 65-0919791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN, JONATHAN ESQ.
CUEVAS & RUBIN, P.A.
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM
STREET ADDRESS OVIEDO PINZON, CARLOS H
CITY-ST-ZIP 5220 NW 72ND AVE., #A-2
MIAMI FL 33166 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS OVIEDO PINZON, JOHN S
CITY-ST-ZIP 5220 NW 72ND AVE., #A-2
MIAMI FL 33166 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS OVIEDO PINZON, JUAN D
CITY-ST-ZIP 5220 NW 72ND AVE., #A-2
MIAMI FL 33166 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS OVIEDO CRUZ, LUIS H
CITY-ST-ZIP 5220 NW 72ND AVE., #A-2
MIAMI FL 33166 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS PINZON LOPEZ, GLORIA
CITY-ST-ZIP 5220 NW 72ND AVE., #A-2
MIAMI FL 33166 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/15/01

305) 477 8050

FILED
01 JAN 19 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)