

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009057 AF

DOCUMENT # L99000004279

1. Entity Name

SERVICES, TOOLS & CONSULTING, L.C.

FILED

01 MAR 15 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2964 AVIATION AVE., 2ND FLOOR  
COCONUT GROVE FL 33133

Mailing Address

2964 AVIATION AVE., 2ND FLOOR  
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0935439

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL  
290 NW 165 STREET  
PLAZA 100  
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name: DIOGENES C. MARTINEZ  
Street Address (P.O. Box Number is Not Acceptable):  
18331 PINES BLVD. STE 223  
City: PEMBROKE PINES FL Zip: 33029

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

03-12-2001

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: MGRM  
NAME: MARTINEZ, SONJA J  
STREET ADDRESS: 910 WEST AVENUE APT 1014  
CITY-ST-ZIP: MIAMI BEACH FL

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

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

SIGNATURE:

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

Date

Daytime Phone #

03-12-2001 9543928145

CR2E083 (11/00)