

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004441

1. Entity Name

D' Roots, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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rf

DO NOT WRITE IN THIS SPACE

Principal Place of Business

7037 W. Hillsborough Ave
Tampa, FL 33634

Mailing Address

7037 W. Hillsborough Ave
Tampa, FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0936174

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Cuevas, Andrew Esq
c/o Cuevas & Rubin, P.A.
9200 S. Dadeland Blvd, Ste 603
Miami, FL 33156

7. Name and Address of New Registered Agent

Name

Martha L Osorio

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

7037 W. Hillsborough Ave

City

Tampa

FL

Zip Code

33634

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

Martha L Osorio Martha L Osorio

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08/14/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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
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TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
MGRM
Carlos Francisco Osorio
7037 W. Hillsborough Ave.
Tampa, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
MGRM
Jorge Enrique Osorio
7037 W. Hillsborough Ave
Tampa, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
MGRM
Martha Lucia Osorio
7037 W. Hillsborough Ave
Tampa, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
3000003384559--B
-09/06/00--01114--026
*****50.00 *****50.00

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

SIGNATURE:

Martha L Osorio Martha L Osorio

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

08/14/00 (813) 886-5661

Date

Daytime Phone #

CR2E083 (1/199)