

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006716 AF

DOCUMENT # L99000004820

1. Entity Name
NECA USA, LLC.

Principal Place of Business
4760 N.W. 165TH STREET
MIAMI FL 33014

Mailing Address
P.O. BOX 4490
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0943528

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

7. Name and Address of New Registered Agent

HELLER, LAWRENCE R
GILBRIDE, HELLER & BROWN, P.A.
2 SOUTH BISCAYNE BLVD., STE 1570
MIAMI FL 33131

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 NAME ~~MGRM~~ ☒ Delete
STREET ADDRESS ~~MAKRO USA INC~~
CITY-ST-ZIP ~~10855 N.W. 33 STREET~~
~~MIAMI FL~~

TITLE NAME ~~MGRM~~ ☒ Change ☐ Addition
STREET ADDRESS ~~INTERNATIONAL COMMERCE LTD.~~
CITY-ST-ZIP ~~4760 N.W. 165TH ST.~~
~~MIAMI, FL 33014~~

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ~~500004191005~~ ☐ Change ☐ Addition
STREET ADDRESS ~~-05/09/01--01083--006~~
CITY-ST-ZIP ~~*****50.00 *****50.00~~

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
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:

J. GOLDBERG

4/13/01

305-624-1880

CR2E083 (11/00)