

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005825

1. Entity Name

PROIMPORT, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

Principal Place of Business

250 CORAL WAY, STE 522  
MIAMI FL 33145

Mailing Address

250 CORAL WAY, STE 522  
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8315 NW 64 ST

3. Mailing Address

8315 NW 64 ST

Suite, Apt. #, etc.

# 4

Suite, Apt. #, etc.

# 4

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0947902

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

CARLOS RAMIREZ

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

8315 NW 64 ST #4

City

MIAMI

FL

Zip Code

33166

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

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

(NOTE: Registered Agent signature required when reinstating)

09-12-06

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RAMIREZ, CARLOS A  
20533 BISCAYNE BLVD., STE 242  
AVENTURA FL

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000003408850--0  
-09/29/00--01004--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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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:

*Carlos Ramirez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

09-12-00 305-5940105  
Date Daytime Phone #

CR2E083 (5/00)