

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005825**

1. Entity Name

PROIMPORT, L.C.

Principal Place of Business

8315 NW 64TH ST., #4  
MIAMI FL 33166

Mailing Address

8315 NW 64TH ST., #4  
MIAMI FL 33166

2. Principal Place of Business

8315 NW 64th St #4

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33166

Country

USA

Country

4. FEI Number

65-0947902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, CARLOS  
8315 NW 64TH ST., #4  
MIAMI FL 33166

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 Carlos Ramirez

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

(NOTE: Registered Agent signature required when reinstating)

04-29-01

DATE

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

9. MANAGING MEMBERS / MEMBERS

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  
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☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-29-01 (305 5940105)

Date

Daytime Phone #

FILED  
2001 MAY 10 AM 11:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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