

2000 UNIFORM BUSINESS REPORT (UBR)

0003043 AF

DOCUMENT # L99000006488

1. Entity Name
AMERICA ALWAYS, L.C.

FILED

00 JAN 12 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
141 N.E. 3RD AVENUE, STE 404
MIAMI FL 33132

Mailing Address
141 N.E. 3RD AVENUE, STE 404
MIAMI FL 33132-2221



DO NOT WRITE IN THIS SPACE

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 65-0958932

Applied For
Not Applicable

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

RAMIREZ, MANUEL A
1200 BRICKELL AVE., STE 1440
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
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ENGELMAIER FRANCOIS
141 NE 3RD AVE. SUITE 404
MIAMI, FL, 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3000003104123--6
-01/20/00--01036--003
****\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ENGELMAIER MANUELA
141 NE 3RD AVE. SUITE 404
MIAMI, FL, 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
GENIS VICTOR
141 NE 3RD AVE. SUITE 404
MIAMI, FL 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Jan 04, 2000 (305) 374 71 74

Date

Daytime Phone #