

2001 UNIFORM BUSINESS REPORT (UBR)

0008833 AF

DOCUMENT # L99000006488

1. Entity Name

AMERICA ALWAYS, L.C.

FILED

01 MAR 26 PM 10:48

Principal Place of Business

Mailing Address

141 N.E. 3RD AVENUE, STE 404
MIAMI FL 33132

141 N.E. 3RD AVENUE, STE 404
MIAMI FL 33132

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0958932

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

MANUELA ENGELMAJER

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

141 N.E. 3RD AV. Ste 404

City

Miami

FL

Zip Code

33132

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
MGR
FRANCOIS, ENGELMAJER
141 NE 3RD AVE., SUITE 404
MIAMI FL 33132 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MANUELA, ENGEL MAJER
141 N.E. 3RD AVENUE, STE 404
MIAMI FL 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800003959568-3
-04/04/01--01092--016
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGR
VICTOR, GENIS
141 N.E. 3RD AVENUE, STE 404
MIAMI FL 33132 ☐ Delete

TITLE
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☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/21/01 305 347174

CP2E083 (11/00)