

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006515

1. Entity Name

WALMER USA, L.L.C.

Principal Place of Business

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

mf

2. Principal Place of Business

19877 East Country Dr.

3. Mailing Address

19877 East Country Dr.

Suite, Apt. #, etc.

601

Suite, Apt. #, etc.

601

DO NOT WRITE IN THIS SPACE

City & State

Aventura FL

City & State

Aventura FL

4. FEI Number

52-2250466

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Jay D. Mussman
5881 N.W. 151 Street 101
Miami Lakes, FL 33014

7. Name and Address of New Registered Agent

Name Hector Liberman

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

19877 East Country Club Dr 601

City

Aventura

FL

Zip Code 33180

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

TITLE MGR
NAME Hector Liberman
STREET ADDRESS 19877 East Country Club Dr 601
CITY-ST-ZIP Aventura, FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME CARLOS J. TILLY
STREET ADDRESS 19877 EAST COUNTRY CLUB DR 601
CITY-ST-ZIP AVENTURA, FL 33160

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

July 31st 2000
305 573 6640

CR2E083 (11/99)