

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006960

1. Entity Name  
AMAR INTERNATIONAL TRADE LLC

Principal Place of Business  
1054 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

Mailing Address  
1054 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154-2107

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN -9 PM 1:21



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

Applied For

☒ 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

SAWH, SALLY N  
1054 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154

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 ☐ Delete  
Mgmr  
Alvaro Romero  
STREET ADDRESS 1039 Churchill Drive  
CITY- ST- ZIP Bolingbrook, IL 60439

TITLE NAME ☐ Change ☐ Addition  
500003300375--2  
-06/22/00--01012--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
Mgmr  
Margarita Romero  
STREET ADDRESS 1039 Churchill Drive  
CITY- ST- ZIP Bolingbrook, IL 60439

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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 REQUIRED

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

4-28-00

Date

305-865-1224

Daytime Phone #