

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 23 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007386

1. Entity Name
PARKER-EVANS, LLC.

Principal Place of Business
13535 S.W. 59TH TERRACE
MIAMI FL 33183

Mailing Address
13535 S.W. 59TH TERRACE
MIAMI FL 33183-5117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
80 SW 8 street
Suite, Apt. #, etc.
Suite 2000

3. Mailing Address
13535 S.W. 59TH TERRACE
Suite, Apt. #, etc.

City & State
Miami, FL.

City & State
Miami, FL.

4. FEI Number
65-0967176

Applied For
Not Applicable

Zip
33130

Country
DADE

Zip
33183-5117

Country
DADE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONDE, HUGO R
13535 S.W. 59TH TERRACE
MIAMI FL 33183

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

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 HUGO CONDE.
STREET ADDRESS 13535 SW 59TH
CITY-ST-ZIP MIAMI FL 33183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

4/25/00

305.790.2023

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

Date

Daytime Phone #