

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007682

1. Entity Name
REDMONT ENTERPRISES, L.L.C.

Principal Place of Business
15601 SW 83 AVE.
MIAMI FL 33157

Mailing Address
15601 SW 83 AVE.
MIAMI FL 33157

2. Principal Place of Business
9305 SW 130 St
Suite, Apt. #, etc.

3. Mailing Address
9305 SW 130 St
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33176-5795 U.S.A.

Zip Country
33176-5795 U.S.A.

4. FEI Number 65-0961864 (0961864) Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROJAS, MARIA I
15601 SW 83 AVE.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9305 SW 130 Street
City Miami FL Zip Code 33176-5795

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 _____ (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 NAME ☐ Delete
MGRM ROJAS, MARIA I
STREET ADDRESS 13120 SW 92 AVENUE #D-617
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☐ Delete
MGRM ROJAS OVIEDO, JESUS
STREET ADDRESS 13120 SW 92 AVENUE #D-617
CITY-ST-ZIP MIAMI FL 33176

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 9305 SW 130 Street
CITY-ST-ZIP Miami, FL 33176-5795

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 9305 SW 130 Street
CITY-ST-ZIP Miami, FL 33176-5795

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000004086140--3
CITY-ST-ZIP -04/27/01--01087--025
*****50.00 *****50.00

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

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

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: MARIA ISABEL ROJAS
Signature and Typed or Printed Name of Signing/Managing Member, Manager, or Authorized Representative

4/16/01 305 254 7369
Date Daytime Phone #

FILED

2001 APR 20 AM 11:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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