

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000008526

1. Entity Name

F.C. USA IMPORTS, L.L.C.

00 OCT 12 PH 2:10

SECRETARY OF STATE
REINSTATEMENT
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% FERRELL SCHULTZ CARTER & FERTEL P.A.
201 SOUTH BISCAYNE BLVD 34TH FLOOR
MIAMI FL 33131

REINSTATEMENT 2000

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 65-0967483 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

FERRELL SCHULTZ CARTER & FERTEL, P.A.
201 SOUTH BISCAYNE BOULEVARD, SUITE 1920-3400
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
500003428565-5
-10/18/00--01047--021
City ****100.00 FL ****100.00

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]

9-19-2000

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARUZZA, STEFANO 201 S. BISCAYNE BLVD, 34TH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003428565-5 -10/18/00--01047--019 *****5.00 *****5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER VARUZZA, MARCO 201 S. BISCAYNE BLVD., #3400 MIAMI, FL. 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER HARRIS, WAYNE 201 S. BISCAYNE BLVD., #3400 MIAMI, FL. 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER DE RE, CARLO 201 S. BISCAYNE BLVD., #3400 MIAMI, FL. 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003428565-5 -10/18/00--01047--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

10-11-2000

305-371-8585

Date

Daytime Phone #