

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000009036**

1. Entity Name
CITY CAR CARE COMPANY, L.L.C.

Principal Place of Business
**999 PONCE DE LEON BLVD.
SUITE 1105
CORAL GABLES FL 33134**

Mailing Address
**999 PONCE DE LEON BLVD.
SUITE 1105
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2800 NW 107 AVE
Suite, Apt. #, etc.

3. Mailing Address
999 PONCE DE LEON
Suite, Apt. #, etc.
1105

City & State
MIAMI, FL

City & State
CORAL GABLES, FL

4. FEI Number **65-0982119**

Applied For
Not Applicable

Zip
33178

Country
USA

Zip
33134

Country
USA

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

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD., #1105
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **GUILLERMO CARRILLO**
Street Address (P.O. Box Number is Not Acceptable)
999 Ponce De Leon Blvd.
Suite # 1105
City **Coral Gables** **FL** Zip Code **33134**

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  **GUILLERMO CARRILLO, MANAGER** **4/4/2001**
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 NAME STREET ADDRESS CITY-ST-ZIP | MGR CARRILLO, GUILLERMO 999 PONCE DE LEON BLVD., #1105 CORAL GABLES FL 33134 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGER GUILLERMO CARRILLO 999 PONCE DE LEON BLVD. SUITE # 1105 CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/2001 **305/774-6565**
Date Daytime Phone #

0000687 AF

CR2E083 (11/00)