

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90086 015 *****50.00

DOCUMENT # M00000001972

1. Entity Name

MAQUI SERVICE DIESEL LTDA. LLC

Principal Place of Business

**581 PINE HURST COVE
 KISSIMMEE FL 34758**

Mailing Address

**581 PINE HURST COVE
 KISSIMMEE FL 34758**

957036

2. Principal Place of Business

5416 HARMONY LN.

3. Mailing Address

5416 HARMONY LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34758

Country

U.S.A

Zip

34758

Country

U.S.A

4. FEI Number

59-3680242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**URIBE, MARTHA L
 581 PINEHURST COVE
 KISSIMMEE FL 34758**

7. Name and Address of New Registered Agent

Name

URIBE, MARTHA L

Street Address (P.O. Box Number is Not Acceptable)

5416 HARMONY LN. STATE

City

KISSIMMEE

FL

Zip Code

34758

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **RODRIGUEZ, JOSE V**
 STREET ADDRESS **581 PINEHURST COVE**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **VP** ☐ Delete
 NAME **URIBE, MARTHA L**
 STREET ADDRESS **581 PINEHURST COVE**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition
 NAME **RODRIGUEZ, JOSE V.**
 STREET ADDRESS **5416 HARMONY LN.**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **VP** ☒ Change ☐ Addition
 NAME **URIBE, MARTHA L**
 STREET ADDRESS **5416 HARMONY LN.**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

04-24-02 (407) 944-4133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)