

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001496

1. Entity Name

ROTADYNE-LATIN AMERICA, L.L.C.

Principal Place of Business

1500 SAN REMO AVE., STE. 203
CORAL GABLES FL 33146

Mailing Address

1500 SAN REMO AVE., STE. 203
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4209712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 NAME MGR MELGARD, STEPHEN C ☐ Delete
STREET ADDRESS 8140 CASS AVE.
CITY-ST-ZIP DARIEN IL 60561

TITLE NAME MGR FILL, GAYLORD H ☐ Delete
STREET ADDRESS 8140 CASS AVE.
CITY-ST-ZIP DARIEN IL 60561

TITLE NAME MGR BOOTH, PETER ☐ Delete
STREET ADDRESS BLVD. BERNARDO QUINTANA NO 40, 20 PISO
CITY-ST-ZIP 76160 QUEIETARO, QRO MEXICO

TITLE NAME MGR SANCHEZ, JAIME F ☐ Delete
STREET ADDRESS EMILIO CARRANZA SUR NO 345, 20 PISO
CITY-ST-ZIP 6400 MONTERREY, N.L. MEXICO

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
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003746431--3
CITY-ST-ZIP -02/21/01--01124--001
*****50.00 *****50.00

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

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:

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

2/13/01

Date

305-6636664

Daytime Phone #

CR2E083 (11/00)

FILED

01 FEB 19 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE