

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001640

1. Entity Name

NATIONAL AMERICAN CHEMICALS & EQUIPMENT, LLC

Principal Place of Business

2508 BUCKHORN TRACE CT.  
VALRICO FL 33594

Mailing Address

P.O. BOX 309  
VALRICO FL 33595-0309

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

59-3592426

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

CANEZO, RUDY  
2508 BUCKHORN TRACE CT.  
VALRICO FL 33594

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

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME BELGICA, JOSELITO  
STREET ADDRESS 1709-B PACIFIC AVE.  
CITY-ST-ZIP ALAMEDA CA 94501 ☐ Delete

TITLE MGRM  
NAME JULIET AGUINALDO  
STREET ADDRESS 18902 BELLFLOWER RD.  
CITY-ST-ZIP TAMPA, FL 33647 ☐ Change ☒ Addition

TITLE MGRM  
NAME CANEZO, RUDY  
STREET ADDRESS 2508 BUCKHORN TRACE CT.  
CITY-ST-ZIP VALRICO FL 33594 ☒ Delete

TITLE MGRM  
NAME CANEZO, JOSEFINA G.  
STREET ADDRESS 2508 BUCKHORN TRACE CT.  
CITY-ST-ZIP VALRICO, FL 33594 ☐ Change ☒ Addition

TITLE MGRM  
NAME RICARDO, NICOLAS  
STREET ADDRESS 11500 SUMMIT WEST BLVD., #14-D  
CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 800003992138--4  
CITY-ST-ZIP -04/11/01--01074--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE MGRM  
NAME PEREZ, ROBERT  
STREET ADDRESS 26 MIRASOT ST. TAHAWAN VILLAGE  
CITY-ST-ZIP BF HOMES, PARANGAQUE MANILA ☐ Delete

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

TITLE MGRM  
NAME DEMA-ALA, EDWIN  
STREET ADDRESS 312-B TAYLO ST.  
CITY-ST-ZIP PASAY CITY MAINILA, PHILS ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

(813) 985-7693

CR2E083 (11/00)

001634 AF

FILED

01 MAR 28 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE