

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00472

1. Entity Name
PINE MINE, L.C.

Principal Place of Business
7262 S.W. 48TH ST.
MIAMI FL 33155

Mailing Address
7262 S.W. 48TH ST.
MIAMI FL 33155

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0294684

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GASTOM, ARTOIS
7262 S.W. 48TH ST.
MIAMI FL 33155

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 M PRESIDENT
NAME ARTOIS, GASTON
STREET ADDRESS 7262 S.W. 48TH ST.
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE M TREASURER
NAME GEUTS, LUTGARDE
STREET ADDRESS 7262 S.W. 48TH ST.
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE VICE PRESIDENT
NAME DESIREE KAVAN
STREET ADDRESS 7262 SW 48 STR
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE SECRETARY
NAME THOMAS F. KAVAN
STREET ADDRESS 7262 SW 48 STR
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400003745704--7
-02/21/01--01089--003
*****50.00 *****50.00

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

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

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

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:

SIG @ [Signature]

2-13-01 3056634432

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

Date

Daytime Phone #

CR2E083 (11/00)