

2001 UNIFORM BUSINESS REPORT (UBR)

0000086

DOCUMENT # L00000015927

1. Entity Name
CAMAR DISTRIBUTION, LLC

Principal Place of Business: **ONE SE THIRD AVE., 15TH FLOOR MIAMI FL 33131**
 Mailing Address: **ONE SE THIRD AVE., 15TH FLOOR MIAMI FL 33131**

2. Principal Place of Business: **1160 E. Hallandale Bch Blvd.**
 Suite, Apt. #, etc.

3. Mailing Address: **1160 E. Hallandale Bch Blvd.**
 Suite, Apt. #, etc.

FILED
 01 SEP 14 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

City & State: **Hallandale, FL** City & State: **Hallandale, FL**

4. FEI Number: **65-1062671** Applied For: Not Applicable

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

Zip: **33009** Country: **USA** Zip: **33009** Country: **USA**

6. Name and Address of Current Registered Agent
BERKOWITZ, RICHARD A
ONE SE THIRD AVE., 15TH FLOOR
MIAMI FL 33131

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: _____ DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

500004609545--6
-09/25/01--01006--008
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Roberto Szerer 1160 E. Hallandale Bch Blvd. Hallandale, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member Ronald Durchfort 1160 E. Hallandale Bch Blvd. Hallandale, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 REQUIRED** 9/7/01 (954)456-2566

STAPLE CHECK HERE

CR2E083 (5/01)