

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90172 031 ****50.00

DOCUMENT # L00000015393

1. Entity Name

SOCRAB, L.L.C.

Principal Place of Business

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

Mailing Address

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

324870

2. Principal Place of Business

5401 N.W. 102ND. AVENUE

3. Mailing Address

5401 N.W. 102 AVENUE

Suite, Apt. #, etc.

BAY # 132

Suite, Apt. #, etc.

BAY # 132

City & State

SUNRISE, FL.

City & State

SUNRISE, FL.

Zip

33351

Country

U.S.A.

Zip

33351

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1061877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ.
 536 BILTMORE WAY
 CORAL GABLES FL 33134**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 PASTRAN, ADOLFO
 536 BILTMORE WAY
 CORAL GABLES FL 33134** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 CEJAS, EMILIANA
 536 BILTMORE WAY
 CORAL GABLES FL 33134** ☐ Delete

TITLE
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 CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)