

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007652

1. Entity Name
CROSSBOW CONSULTING & MANAGEMENT, LLC

Principal Place of Business

15601 S.W. 83 AVENUE
MIAMI FL 33157

Mailing Address

15601 S.W. 83 AVENUE
MIAMI FL 33157-2254

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0960547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLETEROS, IVAN
15601 S.W. 83 AVENUE
MIAMI FL 33157

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 STREET ADDRESS CITY- ST- ZIP
MGRM BALLESTEROS, IVAN 15601 S.W. 83 AVENUE MIAMI FL 33157 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
MGRM BALLESTEROS, INES LUCIA 15601 S.W. 83 AVENUE MIAMI FL 33157 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

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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
500003225375--4
-04/26/00--01091--025
*****50.00 *****50.00 ☐ 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

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 OR MANAGER

Date

Daytime Phone #

IVAN BALLESTEROS G. BALLESTEROS 4/12/00 (325) 255 1992

APPROVED
AND
FILED

00 APR 13 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MM

DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)

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