

# 2001 UNIFORM BUSINESS REPORT (UBR)

00023399 SP

**DOCUMENT # Z00086**  
 1. Entity Name  
**NYRIA L.C.**

**FILED**  
 01 MAR 23 PM 1:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 9688 S.W. 24 ST. (CORAL WAY) MIAMI FL 33165 US	Mailing Address 9688 S.W. 24 ST. (CORAL WAY) MIAMI FL 33165 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0126890</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MARQUEZ, JOSE M.**  
**782 N.W. LEJEUNE ROAD**  
**SUITE 548**  
**MIAMI FL 33126-5536**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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	<b>MGR HERRAN, MANUEL A 8460 S.W. 5TH STREET MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM GUERRA, ARMANDO J 9475 JOURNEY'S END ROAD CORAL GABLES FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM HERRAN, JOSE A 8455 GRAND CANAL DRIVE MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM HERRAN, EZEQUIEL 14020 S.W. 36TH STREET MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM GUERRA, JORGE 8440 S.W. 58TH STREET MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM HERRAN, ANTOLIN G 6001 S.W. 84TH AVENUE MIAMI FL</b>	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100003930031--3 -03/29/01--01095--019 *****50.00 *****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)* **MANUEL A. HERRAN** 01/22/01 (305) 221-8351  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)