

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0008571 AF

DOCUMENT # M00000001384

1. Entity Name

SAN SOLUTIONS INTERNATIONAL, LLC

01 APR 27 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1101 BRICKELL AVENUE, SUITE TOWER NORTH 80
0
MIAMI FL 33131

Mailing Address

1101 BRICKELL AVENUE, SUITE TOWER NORTH 80
0
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2238019

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORRAS AND COMPANY, PA
1101 BRICKELL AVENUE, SUITE TOWER NORTH 80
0
MIAMI FL 33131

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME GUERRERO, JOSE
STREET ADDRESS 1101 BRICKELL AVENUE, SUITE TOWER NORTH 80
CITY-ST-ZIP MIAMI FL 33131

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

TITLE MGRM ☐ Delete
NAME SAN SOLUTIONS ESPANA, S.A.
STREET ADDRESS AVENIDA CASTILLA2
CITY-ST-ZIP EDIFICIO ITALIA 28830

TITLE ☐ Change ☐ Addition
NAME 500004217855
STREET ADDRESS -05/15/01--01093--025
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/01 305-577-8581

CR2E083 (11/00)