

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90081 013 ****50.00

DOCUMENT # L96000000305

1. Entity Name
C. NACAN, L.C.



Principal Place of Business
**1 SE 3RD AVE. SUITE 1980
 MIAMI FL 33131**

Mailing Address
**1 SE 3RD AVE. SUITE 1980
 MIAMI FL 33131**

2. Principal Place of Business
**One S.E. Third Ave.,
 Suite, Apt. #, etc.
 Suite 2250**

3. Mailing Address
**One S.E. Third Ave.,
 Suite, Apt. #, etc.
 Suite 2250**

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33131

Zip Country
33131

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AMKGS REGISTERED AGENTS, INC.
 1980 SUN TRUST INTERNATIONAL CENTER
 1 SE 3RD AVE, SUITE 1980
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
AMKGS Registered Agents, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
**One S.E. Third Ave.,
 Suite 2250**
 City **Miami** FL Zip Code **33131**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEL VALLE, ELENA GONZALEZ 1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMKGS REGISTERED AGENTS, INC. 1 SE 3RD AVE, SUITE 1980 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Del Valle, Elena Gonzalez One S.E. Third Ave., Suite 2250 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMKGS Registered Agents, Inc. One S.E. Third Ave., Suite 2250 Miami, FL 33131 <input checked="" 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: By: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 Date **April 24, 2002** Daytime Phone # **(305) 3736600**

CR2E083 (9/01)