

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010765 AF

DOCUMENT # L00000000201

1. Entity Name  
CYRIL'S MANAGEMENT LLC

FILED

01 MAY -3 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1301 NW 89 CT., STE. 206  
MIAMI FL 33172

Mailing Address  
1301 NW 89 CT., STE. 206  
MIAMI FL 33172



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

Zip

Country

4. FEI Number

65-0972701

Applied For

Not Applicable

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

COHEN, CYRIL  
1301 NW 89 CT., STE. 206  
MIAMI FL 33172

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.

(NOT: 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
CYRIL COHEN (MGRM)  
1301 NW 89 CT STE 206  
MIAMI, FL 33172

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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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]*

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

4/3/01

305-592-9858

Date

Daytime Phone #

CR2E083 (11/00)