

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001829

1. Entity Name
WAND INFORMATICA, L.L.C.

APPROVE
AND
FILED

01 APR 26 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O ANTHONY ROBLEDO
8180 NW 36 STREET #100
MIAMI FL 33166

Mailing Address

C/O ANTHONY ROBLEDO
8180 NW 36 STREET #100
MIAMI FL 33166

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

65-1008080

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

ROBLEDO, ANTHONY
8180 NW 36 STREET
#100
MIAMI FL 33166

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 Member ☐ Delete
NAME Marco Antonio Junqueira Franco de Mello
STREET ADDRESS 8180 NW 36 Street, #100
CITY-ST-ZIP Miami, FL 33166

TITLE ☐ Change ☐ Addition
NAME 400004192154-0
STREET ADDRESS -05/10/01--01005--015
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 #

4/24/01 305 477-6969

0010694 AF

CR2E083 (11/00)