

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90206 046 ****50.00

DOCUMENT # L00000006173

1. Entity Name

CONINMAQ L.L.C.

Principal Place of Business

9917 - 1 N.W. 9TH STREET CIRCLE
 MIAMI FL 33172

Mailing Address

9917 - 1 N.W. 9TH STREET CIRCLE
 MIAMI FL 33172

96717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9917 - 1 NW 9 ST CIRCLE

3. Mailing Address

9917 - 1 NW 9 ST CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33172

Country

Zip

33172

Country

4. FEI Number

APPLIED FOR

65-1013600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORDOBA, DALIA
 9917 - 1 N.W. 9TH STREET CIRCLE
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name CORDOBA, DALIA

Street Address (P.O. Box Number is Not Acceptable)

9917-1 NW 9th ST CIRCLE

City MIAMI

FL

Zip Code 33172

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEJIA, MARIO 9917 - NW 9TH ST CIRCLE MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUTIERREZ, CIARA 9917 - NW 9TH ST CIRCLE MIAMI FL 33172	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIARA GUTIERREZ 9917 - 1 NW 9th ST CIRCLE MIAMI - FL 33172	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CIARA GUTIERREZ

05/4/02 (75)554399

CR2E083 (9/01)