

2001 UNIFORM BUSINESS REPORT (UBR)

0013045 AF

DOCUMENT # L00000006919

1. Entity Name

BIHERM, L.L.C.

FILED

01 MAY -2 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

16561 TURQOISE TERRACE
WESTON FL 33331

Mailing Address

16561 TURQOISE TERRACE
WESTON FL 33331

2. Principal Place of Business

3. Mailing Address

3960 Osprey Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Weston, FL

Zip

Country

33331

Country

U.S.A.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAEZ, GINO F
16561 TURQOISE TERRACE
WESTON FL 33331

7. Name and Address of New Registered Agent

Name
~~ALARCON SILVIA~~
Street Address (P.O. Box Number is Not Acceptable)
~~3960 OSPREY CT.~~
City
~~WESTON~~ FL Zip Code
~~33331~~

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

TITLE MGR ☐ Delete
NAME PAEZ, GINO F
STREET ADDRESS 16561 TURQOISE TERRACE
CITY-ST-ZIP WESTON FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ASSISTANT ☐ Change ☒ Addition
NAME ALARCON SILVIA
STREET ADDRESS 3960 OSPREY CT.
CITY-ST-ZIP WESTON, FL 33331

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

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

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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 #

CR2E083 (11/00)