

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007031

1. Entity Name

Jaco, LC

Principal Place of Business

1730 Bay Drive
Miami Beach, FL 33141

Mailing Address

1730 Bay Drive
Miami Beach, FL 33141

FILED

01 JUN 18 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0286486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Baumberger, Hans
3333 Ponce de Leon Blvd. #202
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

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

Hans Baumberger
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/13/01
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
HCR
Juan Beltrán
3333 Ponce de Leon Blvd. #202
Coral Gables, FL 33134

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
HCR
Marta Rivera
3333 Ponce de Leon Blvd. #202
Coral Gables, FL 33134

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
100004446771--9
-06/27/01--01006--028
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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

6/13/01

305-461-9234

Date

Daytime Phone #

CR2E083 (11/00)