

2001 UNIFORM BUSINESS REPORT (UBR)

0010132 AF

DOCUMENT # L00000007768

1. Entity Name
PAPELEX, L.L.C.

FILED

01 MAR 23 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

Mailing Address
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

2. Principal Place of Business
6555 NW 36 St.
Suite, Apt. #, etc.
Suite 300-1

3. Mailing Address
6555 NW 36 St.
Suite, Apt. #, etc.
Suite 300-1

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number
65-1621234

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Andrew Cuevas, Esp.

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

City
Coral Gables

FL

Zip Code
33134

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 *Andrew Cuevas*
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBER
GUILLERMO MARIO MEYER RUIZ
6555 NW 36 St., Suite 300-1
Miami, FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300003930323--2
-03/29/01--01113--007
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

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

3-16-2001

Date

(786) 265-0510

Daytime Phone #

CR2E083 (11/00)