

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008062

1. Entity Name
LIDER, L.L.C.

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

12136 KNIGHT'S CROSSING CIRCLE
SUITE, APT. #, ETC.
204E

CITY & STATE
ORLANDO, FLORIDA

Zip
32817

Country
U.S.A.

3. Mailing Address

12136 KNIGHT'S CROSSING CIRCLE
SUITE, APT. #, ETC.
204E

CITY & STATE
ORLANDO FLORIDA

Zip
32817

Country
U.S.A.

FILED

01 NOV 15 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1045350

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
CUEVAS & RUBIN, P.A.
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ANDREW CUEVAS, ESQ.

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

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 September 26, 2001

600004702356--3

-12/03/01--01058--008

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
MM
VICTOR BEJARANO
12136 KNIGHTS CROSSING CIRCLE
ORLANDO, FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
MM
VOLANDA VEGA
12136 KNIGHTS CROSSING CIRCLE
ORLANDO, FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
MM
CATALINA BEJARANO
12136 KNIGHTS CROSSING CIRCLE
ORLANDO, FL 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
MM
ANDREA BEJARANO
12136 KNIGHTS CROSSING CIRCLE
ORLANDO, FL 32817

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Catalina Bejarano

(407)362-2390

0003888

CR2E083 (5/01)

STAMP CHECK HERE