

2001 UNIFORM BUSINESS REPORT (UBR)

0008829 AF

DOCUMENT # L00000010955

1. Entity Name

CLARO L.L.C.

FILED

01 MAR -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

94 NW 97TH STREET
MIAMI SHORES FL 33150

94 NW 97TH STREET
MIAMI SHORES FL 33150

2. Principal Place of Business

94 NW 97TH STREET

3. Mailing Address

94 NW 97TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES, FL

Zip

33150

Country

USA

Zip

33150

Country

USA

4. FEI Number

65-1043194

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BIERI, BRIDGET C
94 NW 97TH STREET
MIAMI SHORES FL 33150

7. Name and Address of New Registered Agent

Name

N/A

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

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
Bridget Bieri
94 NW 97th Street
Miami Shores, FL 33150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Vice President
Andre Roger Weiss
94 NW 97th Street
Miami Shores, FL 33150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900003818929-1
-03/08/01--01077--014
*****50.00 *****50.00

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

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:

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

Andre Roger Weiss

02-25-01 305-7592737

Date

Daytime Phone #

CR2E083 (11/00)