

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000451 AF

DOCUMENT # L00000013269

1. Entity Name  
CONECTAR, L.L.C.

FILED

01 APR 27 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
536 BILTMORE WAY  
CORAL GABLES FL 33134

Mailing Address  
536 BILTMORE WAY  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
8051 NW 36 STREET

3. Mailing Address  
8051 NW 36 ST.

Suite, Apt. #, etc.  
SUITE 612

Suite, Apt. #, etc.  
SUITE 612

City & State  
MIAMI - FLORIDA

City & State  
MIAMI - FLORIDA

4. FEI Number 65-1051289

Applied For  
Not Applicable

Zip  
33166

Country

Zip  
33166

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS & RUBIN, P.A.  
536 BILTMORE WAY  
CORAL GABLES FL 33134

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

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CONECTAR LTDA  
536 BILTMORE WAY  
CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CONECTAR LTDA  
8051 NW 36 ST. SUITE 612  
MIAMI - FL - 33166 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SANCHEZ, LUIS A  
536 BILTMORE WAY  
CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SANCHEZ, LUIS A.  
8051 NW 36 ST. SUITE 612  
MIAMI - FL - 33166 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000004211610-3  
-05/11/01-01071-001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

TITLE  
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TITLE  
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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]*

SIGNATURE REQUIRED

4-23-01 305.9459824

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

Date

Daytime Phone #

CR2E083 (11/00)