

2001 UNIFORM BUSINESS REPORT (UBR)

0007984 AF

DOCUMENT # L00000013314

1. Entity Name

FOREIGN ATTORNEY SERVICES, L.L.C.

FOREIGN

Principal Place of Business

5220 NW 55TH BLVD., NO. 103
COCONUT GROVE FL 33073

Mailing Address

5220 NW 55TH BLVD., NO. 103
COCONUT GROVE FL 33073

FILED

2001 APR 27 PM 1:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7220 NW 36 STREET

3. Mailing Address

7220 NW 36 STREET

Suite, Apt. #, etc.

SUITE 601

Suite, Apt. #, etc.

SUITE 601

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

Country

33186 USA

Zip

Country

33186 USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIFONTES, IRIS J

6600 NW 41ST TERRACE

COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

Pedro CAMPOCASSO

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

7220 NW 36 STREET, Suite 601

City

MIAMI

FL

Zip Code

33186

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 PEDRO F. CAMPOCASSO

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

(NOTE: Registered agent signature required when reinstating)

DATE

04-27-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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: ROSA V. CALZADILLA, PRESIDENT 04-27-01 954-9181439

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

Date

Daytime Phone #

CR2E083 (11/00)