

2001 UNIFORM BUSINESS REPORT (UBR)

0008576 AF

DOCUMENT # L00000013543

1. Entity Name
VEFA, LLC

FILED

2001 APR 30 PM 4:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

601 BRICKELL KEY DR
STE 802
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DR
STE 802
MIAMI FL 33131

2. Principal Place of Business

10800 Biscayne Blvd

Suite, Apt. #, etc.

580

City & State

MIAMI - FL 33161

Zip

Country

DADE

3. Mailing Address

10800 Biscayne Blvd

Suite, Apt. #, etc.

580

City & State

MIAMI - FL 33161

Zip

Country

DADE

4. FEI Number

52-2291061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO A ESQ
601 BRICKELL KEY DR
STE 802
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

SUAN MANUEL LINARES

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

10800 Biscayne Blvd

Suite 580

City

MIAMI

FL

Zip Code

33161

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

4/23/01

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

100004220061--7
-05/16/01--01071--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	FANDINO, MARTHA	
STREET ADDRESS	601 BRICKELL KEY DR STE 802	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VENEGAS, RUTH	
STREET ADDRESS	601 BRICKELL KEY DR STE 802	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCELA OLIVEROS	
STREET ADDRESS	10800 Biscayne Blvd, Suite 580	
CITY-ST-ZIP	MIAMI - FL 33161	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENEGAS RUTH	
STREET ADDRESS	10800 Biscayne Blvd, Suite 580	
CITY-ST-ZIP	MIAMI - FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (11/00)

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

Date

Daytime Phone #

4/23/01

305-899-9307