

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015653

1. Entity Name

DERFLA, USA, L.L.C.

FILED

01 AUG 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~785 GRANDON BLVD., APT. 802~~  
~~KEY BISCAYNE FL 33149~~

~~785 GRANDON BLVD., APT. 802~~  
~~KEY BISCAYNE FL 33149~~

2. Principal Place of Business

9240 SUNSET DR

3. Mailing Address

9240 SUNSET DR

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

203

City & State

MIAMI - FL.

City & State

MIAMI - FL.

Zip

33173

Country

USA.

Zip

33173

Country

USA.

4. FEI Number

65-1068141

Applied For

Not Applicable

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

PERDOMO, MICHELLE L.P.A.

100 NORTH BISCAYNE BOULEVARD, STE 3000  
MIAMI FL 33132

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME FERRARI-RISLER, ALEJANDRO C  
STREET ADDRESS ~~785 GRANDON BLVD., APT. 802~~  
CITY-ST-ZIP ~~MIAMI FL 33149~~

TITLE  
NAME  
STREET ADDRESS 1715 ESPANOLA DRIVE  
CITY-ST-ZIP MIAMI, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 600004547576--5  
CITY-ST-ZIP -08/21/01--01074--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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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:

*[Handwritten Signature]*

SIGNATURE REQUIRED

08/15/2001

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

Date

Daytime Phone #

CR2E083 (5/01)