

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY 18 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000000825**

1. Entity Name

ADQUIRA MEXICO LLC

Principal Place of Business
**1221 BRICKELL AV.
MIAMI, FL, 33131**

Mailing Address

**1221 BRICKELL AVENUE
SUITE 1200
C/O PATRICIA MENENDEZ CAMBO**

2. Principal Place of Business
1221 Brickell Avenue

3. Mailing Address
1221 Brickell Avenue c/o Patricia Menéndez

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 1200

City & State
Miami, FLA

City & State
Miami, FLA

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number

☒ 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

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE, SUITE 1600
MIAMI, FL. 33131**

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**M/P
RAFAEL HERNANDEZ
1221 BRICKELL AV.
MIAMI, FL, 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**M/S
PATRICIA MENENDEZ CAMBO
1221 BRICKELL AV.
MIAMI, FL, 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**V/S
SILVIA M. GARRIGO
1221 BRICKELL AV.
MIAMI, FL, 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**800004419308--6
-06/14/01--01023--018
*****50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: **PATRICIA MENENDEZ CAMBO** *P. Menendez* **4/30/01** **305-9255309**

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

Date

Daytime Phone #

CR2E083 (11/00)