

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90165 042 ****50.00

DOCUMENT # L01000002792

1. Entity Name

BALESTRATE, LLC

Principal Place of Business

**801 BRICKELL BAY DR., #1661
 MIAMI FL 33131**

Mailing Address

**801 BRICKELL BAY DR., #1661
 MIAMI FL 33131**

80049409

2. Principal Place of Business

**10710 NW 66 St
 Suite, Apt. #, etc.
 308**

3. Mailing Address

**10710 NW 66 St
 Suite, Apt. #, etc.
 308**

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1079816

Applied For

Not Applicable

Zip

33148

Country

U.S.

Zip

33148

Country

U.S.

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TOVAR, ILEANNA ARIAS ESQ.
 THE CENTRE BUILDING
 9900 STIRLING ROAD SUITE 218
 COOPER CITY FL**

7. Name and Address of New Registered Agent

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **RIVERA, JESUS M**
 STREET ADDRESS **801 BRICKELL BAY DR., #1661**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☐ Delete
 NAME **LO MONACO, LOREDANA**
 STREET ADDRESS **801 BRICKELL BAY DR., #1661**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 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:

[Signature]

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

03/06/02

(305) 468 9117

Date

Daytime Phone #

CR2E083 (9/01)