

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90614 016 ****50.00

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DOCUMENT # L01000003655

1. Entity Name

BANCAPENSION, L.L.C.



Principal Place of Business

2655 LE JEUNE ROAD, PENTHOUSE I-C
CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE ROAD, PENTHOUSE I-C
CORAL GABLES FL 33134

2. Principal Place of Business

242 Le Jeune Rd
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Miami, FL 33126

City & State

Same

Zip

33126

Country

USA

Zip

Country

4. FEI Number

65-1099690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CORNIDE, LUIS
2655 LE JEUNE ROAD, PENTHOUSE I-C
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CORNIDE, LUIS	
STREET ADDRESS	2655 LE JEUNE ROAD, PENTHOUSE I-C	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DE LA RIVA, ROBERT	
STREET ADDRESS	2655 LE JEUNE ROAD, PENTHOUSE I-C	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	HGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cornide, Luis	
STREET ADDRESS	242 Le Jeune Rd	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	HGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De La Riva, Robert	
STREET ADDRESS	242 Le Jeune Rd	
CITY-ST-ZIP	Miami, FL 33126	
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		

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 #

4/1/03 (303) 447-8688

CR2E083 (10/02)