

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90072 050 ***150.00

DOCUMENT # L01000008598

1. Entity Name

CINEMATEX L.L.C.

Principal Place of Business

7700 SW 62 AVE.
 MIAMI FL 33143

Mailing Address

7700 SW 62 AVE.
 MIAMI FL 33143

2. Principal Place of Business.

9380 S.W. 35 Street

3. Mailing Address.

9380 S.W. 35 Street

City, St. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

EIN-65-1114069

Applied For

Not Applicable

Zip

33165

Country

Dade

Zip

33165

Country

Dade

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ CARRION, ALICIA
 7700 SW 62 AVE.
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name ALICIA Fernandez Carrion

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

9380 S.W. 35 ST.

City

MIAMI

FL

Zip Code

33165

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

Alicia Carrion

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	<input type="checkbox"/> Delete
NAME	FERNANDEZ CARRION, ALICIA	
STREET ADDRESS	7700 SW 62 AVE.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BENIO FERNANDEZ, ANTONIO	
STREET ADDRESS	7700 SW 62 AVE.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LOPEZ FERNANDEZ, ALICIA	
STREET ADDRESS	7700 SW 62 AVE.	
CITY-ST-ZIP	MIAMI FL 33143	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9380 S.W. 35 ST
CITY-ST-ZIP	MIAMI, FL. 33143 65
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9380 S.W. 35 ST
CITY-ST-ZIP	MIAMI, FL. 33143 65
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9380 S.W. 35 ST
CITY-ST-ZIP	MIAMI, FL. 33165
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:

Alicia Carrion

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

Date

Daytime Phone #

CR2E083 (9/01)