

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2002 8:00 am**  
**Secretary of State**

06-26-2002 90070 009 \*\*\*\*50.00

**DOCUMENT # L01000015076**

1. Entity Name

**ALBERTO O. SARFATI, INVESTIGATION & ADJUSTER, L.C.**

Principal Place of Business

**9010 SW 137TH AVE.  
 SUITE 206  
 MIAMI FL 33186**

Mailing Address

**9010 SW 137TH AVE.  
 SUITE 206  
 MIAMI FL 33186**

**B0125810**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1134535**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GUZMAN, MARIO I  
 9010 SW 137TH AVE.  
 SUITE 206  
 MIAMI FL 33186**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **SARFATI, ALBERTO OSCAR**  
 STREET ADDRESS **GLISINAS 893 - LOS CARDALES COUNTRY CLUB**  
 CITY-ST-ZIP **PROVINCIA DE BUENOS AIRES AR**

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

TITLE **MGR** ☐ Delete  
 NAME **GARAVANO DE SARFATI, SANDRA KARINA**  
 STREET ADDRESS **GLISINAS 893 - LOS CARDALES COUNTRY CLUB**  
 CITY-ST-ZIP **PROVINCIA DE BUENOS AIRES AR**

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

TITLE ☐ Delete  
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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 REQUIRED**

**3-21-02**

**305 408 8364**

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

Date

Daytime Phone #

CR2E083 (9/01)