

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90110 014 ****50.00

DOCUMENT # L 010000 15076

1. Entity Name

ALBERTO O. SARFATI, INVESTIGATION & JUSTICE,
LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9130 S. DADELAND BLVD.

Suite, Apt. #, etc.

1504

City & State

Miami

Zip

33156

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1134535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARIO I. GUZMAN

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

9130 S. DADELAND BLVD. SUITE # 1504

City

Miami

FL

Zip Code

33156

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEES \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: SARFATI, ALBERTO O.
STREET ADDRESS: ELISING 893 - LOS CARBALES COUNTRY CLUB
CITY-ST-ZIP: PROVINCIA BUENOS AIRES - ARGENTINA

TITLE: MGR
NAME: GARAVANO DE SARFATI, SANDRA KARINA
STREET ADDRESS: ELISING 893 - LOS CARBALES COUNTRY CLUB
CITY-ST-ZIP: PROVINCIA BUENOS AIRES - ARGENTINA

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IN THIS SPACE**

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:

Sandra Karina Garavano de Sarfati

SANDRA KARINA
GARAVANO DE SARFATI

17-01-03

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

Date

Daytime Phone #

CR2E083B (12/02)