

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2003 8:00 am
Secretary of State

5/1/

05-01-2003 90083 043 *****55.00

DOCUMENT # L02000002799

1. Entity Name

SISERTEL, LC



Principal Place of Business

Mailing Address

100 S.E. 2ND STREET 17TH FLOOR
MIAMI FL 33131

100 S.E. 2ND STREET 17TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

460 46 5776

Applied For

Not Applicable

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

LICKSTEIN, FRED K ESQ.
100 S.E. 2ND STREET 17TH FLOOR
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **MGRM** **MANAGING MEMBER**
NAME **JUAN JOSE PINO**
STREET ADDRESS **2929 SW 3RD AVE Suite 320**
CITY-ST-ZIP **MIAMI FL 33129**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **MGRM** **MANAGING MEMBER**
NAME **MARINA AMARAL**
STREET ADDRESS **2929 SW 3RD AVE Suite 320**
CITY-ST-ZIP **MIAMI FL 33129**

☐ Change

☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

SIGNATURE REQUIRED
JUAN JOSE PINO M.M.

4/11/03

305 854 1414 #201

CR2E083 (10/02)