

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L94000000564

1. Entity Name
CISCO INVESTMENTS, L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8136 S.W 83RD STREET
MIAMI FL 33143

Mailing Address
8136 S.W 83RD STREET
MIAMI FL 33143-6617



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0534865

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

CASTRO, CARLOS A
1001 S. BAYSHORE DRIVE SUITE 2410
MIAMI FL 33131

Name BALLESTAS & ASSOCIATES, INC.
Street Address (P.O. Box Number is Not Acceptable)
7730 S.W 68 TR
City MIAMI FL Zip Code 33143

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] PRESIDENT, BALLESTAS & ASSOCIATES, INC. 2/18/2000
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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	PEREZ PARRA, RUBEN OCTAVIO	<input type="checkbox"/> Delete			
STREET ADDRESS	8136 S.W 83RD STREET				
CITY - ST - ZIP	MIAMI FL 33143				
MGRM	PEREZ SILVA, RUBEN HORACIO	<input type="checkbox"/> Delete			
STREET ADDRESS	8136 S.W 83RD STREET				
CITY - ST - ZIP	MIAMI FL 33143				
MGRM	PEREZ PARRA, RUBEN HORACIO	<input type="checkbox"/> Delete			
STREET ADDRESS	8136 S.W 83RD STREET				
CITY - ST - ZIP	MIAMI FL 33143				
MGRM	PEREZ PARRA, ANN GERTRUDIS	<input type="checkbox"/> Delete			
STREET ADDRESS	8136 S.W 83RD STREET				
CITY - ST - ZIP	MIAMI FL 33143				
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			

1. 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

2-18-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)