

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000564

1. Entity Name  
CISCO INVESTMENTS, L.C.

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

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 832137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami FL

Zip

Country

Zip  
33283-2137 US

Country

4. FEI Number 65-0534865

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALLESTAS & ASSOCIATES, INC.  
7730 SW 68 TR  
MIAMI FL 33143

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME PEREZ PARRA, RUBEN OCTAVIO  
STREET ADDRESS 8136 S.W. 83RD STREET  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE MGRM  
NAME PEREZ SILVA, RUBEN HORACIO  
STREET ADDRESS 8136 S.W. 83RD STREET  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE MGRM  
NAME PEREZ PARRA, RUBEN HORACIO  
STREET ADDRESS 8136 S.W. 83RD STREET  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE MGRM  
NAME PEREZ PARRA, ANN GERTRUDIS  
STREET ADDRESS 8136 S.W. 83RD STREET  
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
090004416080-2  
-06/12/01--01059--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-30-01

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

Date

Daytime Phone #

CR2E083 (11/00)

0009624 AF

FILED

01 MAY 16 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE