

2020 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **L 96000000170**

1. Entity Name

DEL VALLE GROUP, L.C.

00 APR 22 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2825 Granada Blvd.
Apt. 1-A

Mailing Address

2825 Granada Blvd.
Apt. 1-A

Coral Gables, FL 33134 Coral Gables, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0832878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Gutierrez, Nicolas J., Jr.
1101 Brickell Avenue, Suite 1400
Miami, Florida 33131

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. Managers/ MANAGING MEMBERS/ MEMBERS

TITLE **Manager** ☐ Delete
NAME **Francisco**
STREET ADDRESS **Del Valle Y Goicoechea,**
CITY-ST-ZIP **2825 Granada Blvd., Apt. 1-A**
Coral Gables, FL 33134

TITLE **Manager** ☐ Delete
NAME **Del Valle, Paula**
STREET ADDRESS **2825 Granada Blvd., Apt. 1-A**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **Manager** ☐ Delete
NAME **Gonzalez-Chavez, Manuel M.**
STREET ADDRESS **2825 Granada Blvd., Apt. 1-A**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **Manager** ☐ Delete
NAME **Del Valle y Goicoechea, Antonio**
STREET ADDRESS **2825 Granada Blvd., Apt. 1-A**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **Manager** ☐ Delete
NAME **Del Alamo, Sergio**
STREET ADDRESS **2825 Granada Blvd., Apt. 1-A**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)

Francisco Del Valle **Francisco Del Valle** 4-6-00 (305) 373-0830