(305)

373-0330

4/25/00

Jr., Esq. Daytime Phone #

Mar. Nicolas J. Gutierrez,

APPROVED

000 UNIFORM BUSINESS REPORT (UBR)

	MENT # L 1960	000000281	Ŷ.			FILLU			U
 Entity Nan CIFUENTE 	ne ES Y CIA., L.C.				00	JUL 19 AMII	1:43		ž
		*	1 ** *****		SFC	RETARY OF S	TATE		
Principal Place of Business Ma			4.7		TALL	RETARY OF S AHASSEE, FL	.ORIDA		
C/O NICOLAS J. GUTIERREZ. JR. 1101 BRICKELL AVE SUITE 1400 MIAMI FL 33131 C/O NICOLAS J. GUTIER 1101 BRICKELL AVE SU MIAMI FL 33131-3117									
			JITE 1400	İ					
MIMMI PE 331		MINNIE SSTOT-STIT							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		i destruit die kein	A BRITA BOTTA BOTTA BOTTA BOTTA	 	lanas near (Ba)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		. D	O NOT WRITE IN THIS	S SPACE		
City & State		City & State	City & State		El Number		- T Ac	plied For	1
				- 65-	004867AP	PLIED FOR-	1 - 1 ·	t Applicable	
Zip	Country	Zip . , .	Country	5. C	ertificate of Statu	ıs Desired 🔲	\$5.00 Add Fee Required		
	6. Name and Address of Curr	rent Registered Agent	Name	7. N	ame and Addres	ss of New Registered	i Agent -		
GUTIFREF	EZ, NICOLAS J JR.,ESQ								-
	CKELL AVE., SUITE 1400		Street /	Address (P.O. Bo	x Number is Not	Acceptable)		<u> </u>	
MIAMI FL	33131		<u> </u>						
•			City			F	Zip Code	e	
8. The above	e named entity submits this statemen	nt for the purpose of changing it	ts registered office of	r registered age	nt, or both, in the	State of Florida.		•	
CICHATUDE									
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NO	TE. Registered Agent signs	ture required when rein	stating)	DATE			}
		FILE N	IOW!!! FEE IS	\$50.00					
		Make Check P	ayable to Depar	lment of State	;				
9. MANAGING MEMBERS/MEMBERS			10.			ADDITIONS/CHANGE	S _		_
TITLE	MGR	Delicito	TITLE		,		Change	Addition	1
NAME STREET ADDRESS	CIFUENTES, RAMON PENALBA NO. 4 SOMOSAQU	IAS 28223	NAME STREET ADDRESS		•				=
CITY- &T-ZIP	MADRID, ESPINA		CITY-ST-ZIP		·				
MLE HAME	MGR	Delete	TITLE	MGR BERNAL,	CRITA		Change	Addition	0
NAME STREET ADDRESS	RODRIGUEZ, CELIA B PENALBA NO. 4 SOMOSAQU	IAS 28223	STREET ADDRESS	40 West	72nd Str	eet, Apt. 81	l –B		•
CTTY- \$7-ZIP	MADRID, ESPINA		CITY-8T-ZIP	NEW YORK	NY 1002	23-4104			-
TITLE MAME	MGR BERNAL, CELIE C	Delete	NAME		- chaq		Change	Addition	i -
STREET ADDRESS City-St-Zip	PENALBA NO. 4 SOMOSAQU	IAS 28223	STREET ADDRESS CITY- ST-ZIP	<u> </u>			•		
TITLE	MADRID, ESPINA MGR	Deleta	TITLE				Change	Addition	1
MAME	GUTIERREZ, NICOLAS J JR.,E	ESQ	NAME						
STREET ADDRESS CITY-87-ZIP	1101 BRICKELL AVE., SUITE MIAMI FL 33131	1400	STREET ADDRESS CITY-ST-ZIP						
TITLE	my am i E vo ivi	Delete	TITLE				Change	Addition	
MAME STREET ADDRESS			NAME STREET ADORESS		: & GUÜ	003329 -05/18/00	-01001 -11001	-	*
CITY- 87-ZIP			CITY-8T-ZIP	الاستان و الماري ا	· · · · · · · · · · · · · · · · · · ·	****200.00	· *****	50.00 %].
TITLE		Delata	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	٠.		NAME STREET ACORESS	1					
CITY-8T-ZIP			CITY-ST-ZIP	<u> </u>					-
indicated	certify that the information supplied don this report is true and accurate ability company or the receiver or true.	and that my signature shall have	e the same legal eff	ect as if made ur	nder oath; that is	am a managing memi			
militeu na	round comband or the receiver of the	torce embowered to execute till	s rehouras rednitera	ny chapter ode,	i ionua diatutes		130	\ r \	ĺ