

2001 UNIFORM BUSINESS REPORT (UBR)

1079.001

unsub

DOCUMENT # L96000000281

1. Entity Name
CIFUENTES Y CIA., L.C.

FILED

01 APR 19 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O NICOLAS J. GUTIERREZ JR.
1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

Mailing Address
C/O NICOLAS J. GUTIERREZ JR.
1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1004862

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

GUTIERREZ, NICOLAS J JR., ESQ
1101 BRICKELL AVE., SUITE 1400
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.

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME BERNAL, CELIA
STREET ADDRESS 40 WEST 72ND STREET, APT. 81-B
CITY-ST-ZIP NEW YORK NY 10023-4104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300004084809--6
-04/27/01--01046--029
*****50.00 *****50.00

TITLE MGR
NAME BERNAL, CELIE C
STREET ADDRESS PENALBA NO. 4 SOMOSAQUAS 28223
CITY-ST-ZIP MADRID, ESPINA ☐ Delete

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

TITLE MGR
NAME GUTIERREZ, NICOLAS J JR., ESQ
STREET ADDRESS 1101-BRICKELL AVE., SUITE-1400
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

3/29/01

Date

(305) 373-0330

Daytime Phone #

CR2E083 (11/00)