

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91595 026 ****50.00

DOCUMENT # L96000000281

1. Entity Name

CIFUENTES Y CIA., L.C.

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**

968274



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1004862

Applied For

Not Applicable

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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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: *Nicolas J. Gutierrez, Jr.* **Nicolas J. Gutierrez, Jr., Esq.** **4/15/02** **305-373-0330**

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

Date

Phone Number

CR2E083 (9/01)