

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013949

DOCUMENT # L96000000281

1. Entity Name

CIFUENTES Y CIA., L.C.



FILED

03 MAY -5 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2665 S. Bayshore Dr.

3. Mailing Address

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.

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

GUTIERREZ, NICOLAS J JR., ESQ
1101 BRICKELL AVE., SUITE 1400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2665 S. Bayshore Dr.

Suite 200

City

Miami

FL

Zip Code

33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Nicolas J. Gutierrez Jr., Esq., Registered Agent 4/23/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BERNAL, CELIA	
STREET ADDRESS	40 WEST 72ND STREET, APT. 81-B	
CITY-ST-ZIP	NEW YORK NY 10023-4104	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BERNAL, CELIE C	
STREET ADDRESS	PENALBA NO. 4 SOMOSAQUAS 28223	
CITY-ST-ZIP	MADRID, ESPINA	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GUTIERREZ, NICOLAS J JR., ESQ	
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2665 S. Bayshore Dr, Suite 200	
CITY-ST-ZIP	Miami, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Nicolas J. Gutierrez Jr., Esq., manager 4/23/03

Date

CR2E083 (10/02)