

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000284

1. Entity Name

SUCESORES DE FALLA (MT&E), L.C.

Principal Place of Business

600 GRAPETREE DR., APT. 5BN
KEY BISCAYNE FL 33149

Mailing Address

600 GRAPETREE DR., APT. 5BN
KEY BISCAYNE FL 33149

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

65-0905545

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 AVE., SUITE 1400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Adela C. Batista

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

600 Grapetree Dr, apt 5BN

City

Key Biscayne

FL

Zip Code

33149

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

Adela C. Batista

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

400004430294--7

-06/19/01--01083--017

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME BATISTA, ADELA C
STREET ADDRESS 600 GRAPETREE DR. APT. 5-BN
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE MGR ☐ Delete
NAME BATISTA-FALLA, AGUSTIN
STREET ADDRESS 520 BRICKELL KEY DR., #1804
CITY-ST-ZIP MIAMI FL 33131

TITLE MGR ☐ Delete
NAME BATISTA, CLELIA C
STREET ADDRESS 9 CH.DES FOURS, 1223 COLOGNY
CITY-ST-ZIP 1223 COLOGNY, SWITZERLAND

TITLE MGR ☐ Delete
NAME BATISTA-FALLA, VICTOR
STREET ADDRESS NUNEZ BALBOA 73 (9120)
CITY-ST-ZIP 28001 MADRID, SPAIN

TITLE MGR ☐ Delete
NAME MESTRE, LUIS
STREET ADDRESS 17C CH. SOUS-CARAN
CITY-ST-ZIP 122 VESENAZ, SWITZERLAND

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIG Adela C. Batista

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

May 21, 2001 305-361-2388

Date

Daytime Phone #

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

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CR2E083 (11/00)