

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90081 013 ****50.00

DOCUMENT # L96000000305

1. Entity Name

C. NACAN, L.C.

Principal Place of Business

**1 SE 3RD AVE. SUITE 1980
MIAMI FL 33131**

Mailing Address

**1 SE 3RD AVE. SUITE 1980
MIAMI FL 33131**

2. Principal Place of Business

One S.E. Third Ave.,

Suite, Apt. #, etc.

Suite 2250

City & State

Miami, FL

Zip

33131

Country

3. Mailing Address

One S.E. Third Ave.,

Suite, Apt. #, etc.

Suite 2250

City & State

Miami, FL

Zip

33131

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMKGS REGISTERED AGENTS, INC.
1980 SUN TRUST INTERNATIONAL CENTER
1 SE 3RD AVE, SUITE 1980
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

AMKGS Registered Agents, Inc.

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

One S.E. Third Ave.,

Suite 2250

City

Miami

FL

Zip Code

33131

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

TITLE **MGRM** ☐ Delete
NAME **DEL VALLE, ELENA GONZALEZ**
STREET ADDRESS **1 SE 3RD AVE, SUITE 1980**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGRM** ☐ Delete
NAME **AMKGS REGISTERED AGENTS, INC.**
STREET ADDRESS **1 SE 3RD AVE, SUITE 1980**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Del Valle, Elena Gonzalez**
STREET ADDRESS **One S.E. Third Ave., Suite 2250**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **AMKGS Registered Agents, Inc.**
STREET ADDRESS **One S.E. Third Ave., Suite 2250**
CITY-ST-ZIP **Miami, FL 33131**

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

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.

AMKGS REGISTERED AGENTS, INC.

SIGNATURE: By: [Signature]

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

April 24, 2002 (305) 3736600

Date

Daytime Phone #

CR2E083 (9/01)