

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001880

1. Entity Name

FIGUEROA SIERRA & ASOCIADOS, L.L.C.

FILED

00 FEB -4 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 S. BISCAYNE BOULEVARD #4874
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BOULEVARD #4874
MIAMI FL 33131-2303

2. Principal Place of Business

200 South Biscayne Blvd

3. Mailing Address

Suite, Apt. #, etc.

1810

City & State

Miami

City & State

Zip

33131

Country

U.S.A.

Zip

Country

4. FEI Number

52-2122752

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.

200 SOUTH BISCAYNE BOULEVARD
#4874
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

200 South Biscayne Blvd. Suite 18

Miami

City

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS FIGUEROA SIERRA & ASOCIADOS, LTDA.
CITY-ST-ZIP CALLE 100 NO. 8A-49
SANTAFE DE BOGOTA D.C. COLUM

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Santafé de Bogotá D.C. Col

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP 300003128843-1
-02/09/00--01016--005
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #