

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002971

1. Entity Name
LUKIS BALSERA, L.L.C.

FILED

00 FEB -4 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
385 ALHAMBRA CIR STE A
CORAL GABLES FL 33134

Mailing Address
385 ALHAMBRA CIR STE A
CORAL GABLES FL 33134-5003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-0879040

4. FEI Number
APPLIED FOR

Applied For
Not Applied

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

BALSERA, ALFREDO J
385 ALHAMBRA CIR STE A
CORAL GABLES FL 33134

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

Alfredo J. Balsera
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
BALSERA, ALFREDO
2601 S. BAYSHORE DRIVE, SUITE 600
MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
BALSERA, ALFREDO
385 ALHAMBRA CIRCLE, SUITE A
CORAL GABLES, FL 33134

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
LUKIS, SYLVESTER
2601 S. BAYSHORE DRIVE, SUITE 600
MIAMI FL 33133

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

MGRM
LUKIS, SYLVESTER
385 ALHAMBRA CIRCLE, SUITE A
CORAL GABLES, FL 33134

☒ 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:

Alfredo J. Balsera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/5/00 305-441-1272