

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN -7 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000981

1. Entity Name  
USHUAIA, LLC

Principal Place of Business  
1313 EL RADO STREET  
CORAL GABLES FL 33134

Mailing Address  
1313 EL RADO STREET  
CORAL GABLES FL 33134-2221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0894614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PUEHRINGER, JOSEF  
1313 EL RADO STREET  
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

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS CONNEX MIAMI, INC.  
CITY-ST-ZIP 100 LINCOLN ROAD, SUITE 934  
MIAMI BEACH FL 33139

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP 100003296661--5  
-06/20/00--01035--017

TITLE NAME MGRM  
STREET ADDRESS RUSIN, THOMAS  
CITY-ST-ZIP KOLPINGSTR.8 4600 WELS  
AUTRIA

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP \*\*\*\*\*50.00

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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

3-26-00

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

Date

Daytime Phone #