

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003414

1. Entity Name

CRUZ DEL SUR L.L.C.

Principal Place of Business

9200 S. DADELAND BLVD.
STE. 603
MIAMI, FL. 33156

Mailing Address

9200 S. DADELAND BLVD.
STE. 603
MIAMI, FL. 33156

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0926113

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

CUEVAS, ESQ. ANDREW
9200 S. DADELAND BLVD. STE. 603
MIAMI, FL. 33156

7. Name and Address of New Registered Agent

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WOLFSOHN, JANNINE	
STREET ADDRESS	9200 S. DADELAND BLVD. STE. 603	
CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FILOMENA, SANTIAGO	
STREET ADDRESS	9200 S. DADELAND BLVD. STE. 603	
CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FILOMENA, JULIA	
STREET ADDRESS	9200 S. DADELAND BLVD. STE. 603	
CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FILOMENA, RICARDO	
STREET ADDRESS	9200 S. DADELAND BLVD. STE. 603	
CITY-ST-ZIP	MIAMI, FL. 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

RICARDO V. FILOMENA

12-APRIL-2000

54-11-4773-9105

CR2E083 (11/99)