

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003879**

1. Entity Name

CBIS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -4 AM 9:56

Principal Place of Business

8491 N.W. 17TH STREET, SUITE L
MIAMI FL 33126

Mailing Address

8491 N.W. 17TH STREET, SUITE L
MIAMI FL 33126-1025

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

5. Certificate of Status Desired ☐

☒ Applied For
☐ Not Applicable
\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
2 SOUTH BISCAYNE BOULEVARD
ONE BISCAYNE TOWER, SUITE 3660
MIAMI FL 33131

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 NAME MGR KIPNIS, NANCY S
STREET ADDRESS 8491 S.W. 17TH STREET, SUITE L
CITY- ST- ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME MGR KIPNIS, DONALD J
STREET ADDRESS 8491 S.W. 17TH STREET, SUITE L
CITY- ST- ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME MGR LIBLER, LAWRENCE L
STREET ADDRESS 8491 S.W. 17TH STREET, SUITE L
CITY- ST- ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS 200003128422-5
CITY- ST- ZIP -02/08/00--01132--002
****200.00 *****50.00 ☐ Change ☐

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 #