

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004142

1. Entity Name
C.I. MET, LLC

FILED

00 JAN 28 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3963 MARTIN COURT
WESTON FL 33331

Mailing Address
3963 MARTIN COURT
WESTON FL 33331-4025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1640 W. OAKLAND PARK BLVD

1640 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 301

SUITE 301

City & State

City & State

FORT LAUDERDALE, FL

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33311

U.S.A.

33311

U.S.A.

4. FEI Number

65-0946867

Applied For

Not Applicable

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

VALERO, ALEJANDRO
3963 MARTIN COURT
WESTON FL 33331

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 MGR
NAME VALERO, ALEJANDRO
STREET ADDRESS 3963 MARTIN COURT
CITY-ST-ZIP WESTON FL 33331

☐ Delete

TITLE MGR
NAME ZAMORANO, MERCEDES
STREET ADDRESS 3963 MARTIN COURT
CITY-ST-ZIP WESTON FL 33331

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TITLE
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☐ Change ☐ Addition

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TITLE
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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:

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

Date

Daytime Phone #

1/20/00 (954) 731-0569