

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000 4142

1. Entity Name

C. I. MET, L.L.C.

APPROVED
AND
FILED

01 APR 27 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3963 MARTIN COURT
WESTON, FL 33331

Mailing Address

3963 MARTIN COURT
WESTON, FL 33331

2. Principal Place of Business

55 WESTON ROAD

Suite, Apt. #, etc.

312

City & State

SUNRISE, FL

Zip

33326

Country

U.S.A.

3. Mailing Address

55 WESTON ROAD

Suite, Apt. #, etc.

312

City & State

SUNRISE, FL

Zip

33326

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

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

ALEJANDRO VALERO
3963 MARTIN COURT
WESTON, FL 33331

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.

(NOT) Registered Agent signature required when reinstalling

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	ALEJANDRO VALERO	
STREET ADDRESS	3963 MARTIN COURT	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	MERCEDES ZAMORANO	
STREET ADDRESS	3963 MARTIN COURT	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	MANAGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJANDRO VALERO	
STREET ADDRESS	55 WESTON RD. SUITE 312	
CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE	MANAGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCEDES ZAMORANO	
STREET ADDRESS	55 WESTON RD. SUITE 312	
CITY-ST-ZIP	SUNRISE, FL 33326	
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		

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*****50.00 *****50.00

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-25-01

CR2E083 (1/00)