

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90252 046 \*\*\*\*50.00

**DOCUMENT # L99000004142**

1. Entity Name  
**C.I. MET, L.L.C.**

Principal Place of Business

55 WESTON RD. #312  
 SUNRISE FL 33326

Mailing Address

55 WESTON RD. #312  
 SUNRISE FL 33326

967454

2. Principal Place of Business

857 NANDINA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

857 NANDINA DRIVE

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

Zip

33327

Country

U.S.A.

Zip

33327

Country

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

VALERO, ALEJANDRO  
 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 VALERO, ALEJANDRO  
 55 WESTON RD. #312  
 SUNRISE FL 33326 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGR  
 ZAMORANO, MERCEDES  
 55 WESTON RD. #312  
 SUNRISE FL 33326 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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 #

04-29-02 (954) 217-2624

CR2E083 (9/01)