

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004159

1. Entity Name

CUBA CLAIMS REGISTRY*ASSISTANCE, LLC

Principal Place of Business

330 BISCAYNE BLVD

SUITE 620

MIAMI FL 33132

Mailing Address

330 BISCAYNE BLVD

SUITE 620

MIAMI FL 33132-2244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0935677

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

PENINSULA REGISTERED AGENTS, INC.

200 SOUTH BISCAYNE BLVD

#4874

MIAMI FL 33131

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 BABUN, TEO A JR
STREET ADDRESS 330 BISCAYNE BLVD SUITE 620
CITY- ST- ZIP MIAMI FL 33132

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR
NAME ORIZONDO, TERESA
STREET ADDRESS 330 BISCAYNE BLVD SUITE 620
CITY- ST- ZIP MIAMI FL 33132

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 #

4/24/00

305
629-8889

CR2E083 (9/99)