

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004159**

1. Entity Name

**CUBA CLAIMS REGISTRY ASSISTANCE, LLC**

FILED

01 APR 10 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**330 Biscayne Blvd. (old address)  
Miami, FL 33132**

2. Principal Place of Business

3. Mailing Address

**12970 S.W. 133<sup>rd</sup> Ct. 8401 N.W. 53<sup>rd</sup> Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 105**

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Miami, Florida Miami, Florida**

4. FEI Number

Applied For

Not Applicable

**65-0935677**

Zip

Country

Zip

Country

**33186**

**USA**

**33166**

**USA**

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, Florida 33131**

Name

**M. TERESA ORIZONDO**

Street Address (P.O. Box Number is Not Acceptable)

**8401 N.W. 53<sup>rd</sup> Terrace**

**Suite 105**

City

**Miami**

**FL**

Zip Code

**33166**

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 **M. Teresa Orizondo - Secretary-Treasurer**

**3/31/01**

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.** ☐ Delete  
NAME **Teo Babun Jr.**  
STREET ADDRESS **330 Biscayne Blvd., Miami**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **12970 S.W. 133<sup>rd</sup> Court**  
STREET ADDRESS **Miami, FL 33186**  
CITY-ST-ZIP

TITLE **MGR.** ☐ Delete  
NAME **M. TERESA ORIZONDO**  
STREET ADDRESS **330 Biscayne Blvd., Miami**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **8401 N.W. 53<sup>rd</sup> Terrace #105**  
STREET ADDRESS **Miami, FL 33166**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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: **M. Teresa Orizondo - Secretary-Treasurer** **3/31/01** **629-8889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)