

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004966

1. Entity Name

JUAN A. YANES, CONSULTANT, L.L.C.

FILED

01 APR 10 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1390 SOUTH DIXIE HIGHWAY, SUITE 2120
CORAL GABLES FL 33146

Mailing Address

1390 SOUTH DIXIE HIGHWAY, SUITE 2120
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

P.O. Box 144729

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Gables, FL

4. FEI Number

65-0948784

Applied For

Not Applicable

Zip

Country

Zip

33114-4729

Country

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

YANES, JUAN A

1390 SOUTH DIXIE HIGHWAY, SUITE 2120

CORAL GABLES FL 33146

Name

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

700 Coral Way

Unit #8

City

Coral Gables

FL

Zip Code
33134

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

600004017226--8
-04/13/01--01023--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YANES, JUAN A
1390 SOUTH DIXIE HIGHWAY, SUITE 2120
CORAL GABLES FL 33146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 #

4/3/01 305-665-2191

CR2E083 (11/00)

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