

2000 UNIFORM BUSINESS REPORT (UBR)

0003948 AF

DOCUMENT # L99000005267

1. Entity Name
PEREZ-ABREU, AGUERREBERE & SUEIRO, P.L.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 1:58

Principal Place of Business

6460 SW 52 STREET
MIAMI FL 33155

Mailing Address

6460 SW 52 STREET
MIAMI FL 33155-6119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

220 MIRACLE MILE

Suite, Apt. #, etc.

SUITE 203

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Address

220 MIRACLE MILE

Suite, Apt. #, etc.

SUITE 203

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

4. FEI Number

65-0942623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROHIAS, RAFAEL G ESQ.

C/O GREENBERG TRAUIG ET AL

1221 BRICKELL AVENUE

MIAMI FL 33131

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS CARLOS PEREZ-ABREU
CITY- ST- ZIP 9301 S.W. 83RD STREET
MIAMI FL 33173

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 3000003148359--8
CITY- ST- ZIP -02/25/00--01100--017
*****50.00 *****50.00

TITLE NAME MGRM ☐ Delete
STREET ADDRESS JUAN AGUERREBERE, JR.
CITY- ST- ZIP 6460 SW 52 STREET
MIAMI FL 33155

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

TITLE NAME MGRM ☐ Delete
STREET ADDRESS ALEXANDER SUEIRO
CITY- ST- ZIP 9740 S.W. 77 STREET
MIAMI FL 33173

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Alexander Sueiro SIGNATURE REQUIRED ALEXANDER SUEIRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/12/00
Date

305-567-0150
Daytime Phone #

CR2E083 (9/99)