

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED

AND
FILED

DOCUMENT # L99000006639

1. Entity Name

THE ALMERIA GROUP, L.L.C.

00 APR -5 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

100 ALMERIA AVENUE
STE 230
CORAL GABLES FL 33134

Mailing Address

100 ALMERIA AVENUE
STE 230
CORAL GABLES FL 33134-6027

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

65-0955 223

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

BUJAN, JESUS F

100 ALMERIA AVENUE, STE 230
CORAL GABLES FL 33134

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 ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
THE GALIANO GROUP, INC MGRM
100 ALMERIA AVENUE STE 230
CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
Genesis Systems Consulting MGRM
220 Miracle Mile Suite 203
Coral Gables, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
100003217381-6
-04/20/00-01102-006
*****50.00 *****50.00

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
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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: *Jesus F Bujan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/15/00 (205) 529-0315
Date Daytime Phone #

CR2E083 (9/99)