

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007363

1. Entity Name

CONVERGENCE OF AMERICA, L.L.C.

Principal Place of Business

1921 NW 82 AVENUE  
MIAMI FL 33126

Mailing Address

1921 NW 82 AVENUE  
MIAMI FL 33126

2. Principal Place of Business

5301 BLUE LAGOON DRIVE

3. Mailing Address

4039 PALM PLACE

Suite, Apt. #, etc.

190

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

WESTON, FLORIDA

Zip

33027

Country

USA

Zip

33331

Country

USA

4. FEI Number

65-1009635

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VICTORIA, FRANCISCO  
1921 NW 82 AVENUE  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name CASTILLO, ALBERTO

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

4039 PALM PLACE

City

WESTON

FL

Zip Code

33331

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

02/13/2001

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CASTILLO, ALBERTO 5301 BLUE LAGOON DRIVE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICTORIA, FRANCISCO 1921 NW 82 AVENUE MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 190	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003745555--2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/21/01--0108 Change 0108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****55.00 *****55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

02/13/2001 267-6909 (305)

FILED

01 FEB 16 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)