

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90022 008 ****50.00

DOCUMENT # L99000007363

1. Entity Name
CONVERGENCE OF AMERICA, L.L.C.

Principal Place of Business

**5301 BLUE LAGOON DR.
 SUITE 190
 MIAMI FL 33027**

Mailing Address

**5301 BLUE LAGOON DR.
 SUITE 190
 MIAMI FL 33027**

2. Principal Place of Business

4039 PALM PLACE

3. Mailing Address

4039 PALM PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

City & State

WESTON, FLORIDA

4. FEI Number

65-1009635

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

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

**CASTILLO, ALBERTO
 4039 PALM PLACE
 WESTON FL 33331**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **PRES** ☐ Delete
 NAME **CASTILLO, ALBERTO**
 STREET ADDRESS **5301 BLUE LAGOON DRIVE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **ALBERTO CASTILLO**
 STREET ADDRESS **4039 PALM PLACE**
 CITY-ST-ZIP **WESTON, FL 33331**

TITLE **VP** ☐ Delete
 NAME **VICTORIA, FANCISCO**
 STREET ADDRESS **1921 NW 82 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33126**

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 ☐ Delete
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 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:

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

Date

Daytime Phone #

04/07/2002 305.3744443

CR2E083 (9/01)