

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000008165

1. Entity Name  
ANCRICA, LLC

FILED

01 JAN 24 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
161 MADEIRA AVENUE, SUITE 31  
CORAL GABLES FL 33134

Mailing Address  
161 MADEIRA AVENUE, SUITE 31  
CORAL GABLES FL 33134

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 65-0964306

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, RAFAEL A  
600 BRICKELL AVENUE, SUITE 203A  
MIAMI FL 33131

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 MEMBER

ADDITIONS/CHANGES

TITLE NAME  
MGRM CASARIEGO, ORLANDO J  
STREET ADDRESS  
1021 N. GREENWAY DRIVE  
CITY-ST-ZIP  
CORAL GABLES FL 33134

TITLE NAME  
MGRM CASARIEGO, HUMBERTO F  
STREET ADDRESS  
607 UNIVERSITY DRIVE  
CITY-ST-ZIP  
CORAL GABLES FL 33134

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE NAME  
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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 #

Orlando J. Casariego 1-18-01 352887-2058

CR2E083 (11/00)