

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001384

1. Entity Name

SAN SOLUTIONS INTERNATIONAL, LLC

APPROVAL
AND
FILED

01 APR 27 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1101 BRICKELL AVENUE, SUITE TOWER NORTH 80
0
MIAMI FL 33131

Mailing Address
1101 BRICKELL AVENUE, SUITE TOWER NORTH 80
0
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2238019		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PORRAS AND COMPANY, PA 1101 BRICKELL AVENUE, SUITE TOWER NORTH 80 0 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRERO, JOSE 1101 BRICKELL AVENUE, SUITE TOWER NORTH 80 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAN SOLUTIONS ESPANA, S.A. AVENIDA CASTILLA2 EDIFICIO ITALIA 28830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004217855-025 -05/15/01--01093--025 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 *Jose Guerrero* **DATE** 4/23/01 **TIME** 3:08-5:57-8581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0008571 AF

CR2E083 (11/00)