

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001412

1. Entity Name
SIGUE, L.L.C.

Principal Place of Business
2533 N. CARSON ST., SUITE 3486
SUITE 3486
CARSON CITY NV 89706

Mailing Address
2533 N. CARSON ST., SUITE 3486
SUITE 3486
CARSON CITY NV 89706

FILED

01 JAN 18 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 88-0386156

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

NRAI SERVICES INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 NAME MGRM PAPPAS, CHRISTINA ☐ Delete
STREET ADDRESS 670 SANFERNANDO MISSION BLVD
CITY-ST-ZIP SAN FERNANDO CA 91340

TITLE NAME MGRMEM de la Vina, Guillermo ☒ Change ☐ Addition
STREET ADDRESS 1518 San Fernando Road
CITY-ST-ZIP San Fernando, CA 91340

TITLE NAME MGR DELA VINA, GUILLERMO ☐ Delete
STREET ADDRESS 670 SANFERNANDO MISSION BLVD
CITY-ST-ZIP SAN FERNANDO CA 91340

TITLE NAME MEM de la Vina, Alfredo ☒ Change ☐ Addition
STREET ADDRESS 1518 San Fernando Road
CITY-ST-ZIP San Fernando, CA 91340

TITLE NAME MGR DELA VINA, ALFREDO ☐ Delete
STREET ADDRESS 670 SANFERNANDO MISSION BLVD
CITY-ST-ZIP SAN FERNANDO CA 91340

TITLE NAME MEM Pappas, Christina ☒ Change ☐ Addition
STREET ADDRESS 1518 San Fernando Road
CITY-ST-ZIP San Fernando, CA 91340

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: Guillermo de la Vina 1/17/01 (818) 493-5102

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

Date

Daytime Phone #

CR2E083 (11/00)