2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00086

FILE
SECRETARY   STATE
DIVISION OF C   ORATIONS

00 FEB 29 PM 1:42

1. Entity Name

NYRIA L.C.

Principal Place of Business	Mailing Address
9688 S.W. 24 ST. (CORAL WAY) MIAMI FL 33165 US	9688 S.W. 24 ST. (CORAL WAY) MIAMI FL 33165 US
2. Principal Place of Business	**3. Mailing Address**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0126890 | 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
MARQUEZ, JOSE M. 782 N.W. LEJEUNE ROAD SUITE 548 MIAMI FL 33126-5536	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 MGR **NAME** HERRAN, MANUEL A **STREET ADDRESS** 8460 S.W. 5TH STREET **CITY-ST-ZIP** MIAMI FL		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition 40000317i814---7 -03/16/00--01005--005 *****50.00 *****50.00
TITLE MEM **NAME** GUERRA, ARMANDO J **STREET ADDRESS** 9475 JOURNEY'S END ROAD **CITY-ST-ZIP** CORAL GABLES FL 33156		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition 3/13/00
TITLE MEM **NAME** HERRAN, JOSE A **STREET ADDRESS** 8455 GRAND CANAL DRIVE **CITY-ST-ZIP** MIAMI FL		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE MEM **NAME** HERRAN, EZEQUIEL **STREET ADDRESS** 14020 S.W. 36TH STREET **CITY-ST-ZIP** MIAMI FL		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE MEM **NAME** GUERRA, JORGE **STREET ADDRESS** 8440 S.W. 58TH STREET **CITY-ST-ZIP** MIAMI FL		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE MEM **NAME** HERRAN, ANTOLIN G **STREET ADDRESS** 6001 S.W. 84TH AVENUE **CITY-ST-ZIP** MIAMI FL		☐ 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 _____ MANUEL A. HERRAN 01/26/00 (305) _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #