

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00086**

1. Entity Name

NYRIA L.C.

FILED

01 MAR 23 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9688 S.W. 24 ST. (CORAL WAY)
MIAMI FL 33165
US

Mailing Address

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

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 ☐ Delete
NAME **MGR**
STREET ADDRESS **HERRAN, MANUEL A**
CITY-ST-ZIP **8460 S.W. 5TH STREET**
MIAMI FL

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

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **GUERRA, ARMANDO J**
CITY-ST-ZIP **9475 JOURNEY'S END ROAD**
CORAL GABLES FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003930031--3
-03/29/01--01095--019
*******50.00 *****50.00**

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **HERRAN, JOSE A**
CITY-ST-ZIP **8455 GRAND CANAL DRIVE**
MIAMI FL

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

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **HERRAN, EZEQUIEL**
CITY-ST-ZIP **14020 S.W. 36TH STREET**
MIAMI FL

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

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **GUERRA, JORGE**
CITY-ST-ZIP **8440 S.W. 58TH STREET**
MIAMI FL

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

TITLE ☐ Delete
NAME **MEM**
STREET ADDRESS **HERRAN, ANTOLIN G**
CITY-ST-ZIP **6001 S.W. 84TH AVENUE**
MIAMI FL

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 #

CR2E083 (11/00)