

# 2000 UNIFORM BUSINESS REPORT (UBR)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 1:58



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000005267**

1. Entity Name  
**PEREZ-ABREU, AGUERREBERE & SUEIRO, P.L.**

Principal Place of Business 6460 SW 52 STREET MIAMI FL 33155	Mailing Address 6460 SW 52 STREET MIAMI FL 33155-6119
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2. Principal Place of Business <b>220 MIRACLE MILE</b> Suite, Apt. #, etc. <b>SUITE 203</b> City & State <b>CORAL GABLES, FL</b> Zip <b>33134</b>	3. Mailing Address <b>220 MIRACLE MILE</b> Suite, Apt. #, etc. <b>SUITE 203</b> City & State <b>CORAL GABLES, FL</b> Zip <b>33134</b>	Country <b>USA</b>	Country <b>USA</b>
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4. FEI Number <b>65-0942623</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PROHIAS, RAFAEL G ESQ.**  
**C/O GREENBERG TRAUIG ET AL**  
**1221 BRICKELL AVENUE**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

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) 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 CARLOS PEREZ-ABREU 9301 S.W. 83RD STREET MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JUAN AGUERREBERE, JR. 6460 SW 52 STREET MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALEXANDER SUEIRO 9740 S.W. 77 STREET MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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: Alexander Sueiro **ALEXANDER SUEIRO** 1/12/00 305-567-0150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)