

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 JUN 14 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

MIAMI UNO, LLC

Principal Place of Business

Mailing Address

6740 BULL RUN ROAD #350  
MIAMI LAKES, FL 33014

6740 BULL RUN ROAD  
# 350  
MIAMI LAKES, FL 33014

2. Principal Place of Business

3462 MAIN HIGHWAY

3. Mailing Address

1250 SW 27 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 307

DO NOT WRITE IN THIS SPACE

City & State  
KOCOUNT GROVE, FL

City & State  
MIAMI, FL

4. FEI Number

651053628

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33135

Country

USA

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

~~CRATINO, G. RALPH~~

225 ALCAZAR AVENUE  
CORAL GABLES, FLORIDA 33134

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

*Luigi Tregua* MGRM LUIGI TREGUA

04/30/01

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  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
MGR  
TITO BARBARA  
3050 VIRGINIA STREET  
MIAMI FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
MGRM  
TREGUA LUIGI  
3050 VIRGINIA STREET  
MIAMI FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
MGRM  
VUSSE NICOLA MARIA  
2252 SW 22ND TERR  
MIAMI FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
700004425507-6  
-06/18/01--01139-013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

*Luigi Tregua* MGRM LUIGI TREGUA

04/30/01

3054619516

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

Date

Daytime Phone #

CR2E083 (11/00)