

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90343 006 \*\*\*\*55.00

DOCUMENT # L00000011924

1. Entity Name

MIAMI UNO, LLC

(P)

**DO NOT WRITE IN THIS SPACE**

970840

2. Principal Place of Business

3462 MAIN HIGHWAY

3. Mailing Address

6101 BLUE LAGOON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 430

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
651053628

Applied For  
Not Applicable

Zip  
33133

Country  
USA

Zip  
33126

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Alison P. Herman, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
C/O Breier and Seif, P.A.

2800 Ponce de Leon Blvd #1125

City  
Coral Gables

FL

Zip Code  
33134

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 *Alison P. Herman*

Signature, typed or printed name of registered agent and title if applicable.

7/16/02  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM/President  
Roland M. Boli's  
6101 Blue Lagoon Dr. #430  
Miami, Florida 33126

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM/V.P.  
Luigi Treglia  
6101 Blue Lagoon Dr. #430  
Miami Florida 33126

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM/Secretary/Treas.  
Barbara Tito  
6101 Blue Lagoon Dr. #430  
Miami, Florida 33126

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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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]*

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

7/16/02 305-262-6226  
786-546-3444

Date

Daytime Phone #