

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000002976**

1. Entity Name

**AGUILAR RODRIGUEZ & ASSOCIATES, L.L.C.**

Principal Place of Business

Mailing Address

**2250 S.W. 3RD AVENUE, 5TH FLOOR  
MIAMI FL 33129****2250 S.W. 3RD AVENUE, 5TH FLOOR  
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1153926**

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

**HATTON, DAVID L  
2250 S.W. 3RD AVENUE, 5TH FLOOR  
MIAMI FL 33129**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
MGR HATTON, DAVID 2250 S.W. 3RD AVENUE, 5TH FLOOR MIAMI-FL-33129	<input type="checkbox"/>		<input type="checkbox"/>
MGR AGUILAR, LUIS 407 AV. FRANCISCO DE MIRANDA LOS RUICES CARACAS 1071	<input type="checkbox"/>		<input type="checkbox"/>
MGR AGUILAR, CARLOS 265 GRAPETREE DRIVE #118 KEY BISCAYNE FL 33149	<input type="checkbox"/>	MGR AGUILAR, CARLOS 452 RIDGEWOOD ROAD KEY BISCAYNE, FL. 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: **DAVID L HATTON**

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

4/11/02

Date

305-856-0084

Daytime Phone #

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90117 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)