

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90034 032 ****50.00

DOCUMENT # **L01000007459**
 1. Entity Name
Philotopia, LLC ✓

Principal Place of Business Mailing Address
18411 Miramar Parkway **18411 Miramar Parkway**
Weston, Florida 33029 **Weston, FL 33029**

2. Principal Place of Business 3. Mailing Address
1151 S.E. 7th Court **1151 S.E. 7th Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
105 **105**
 City & State City & State
Dania Beach, Florida **Dania Beach, Florida**
 Zip Country Zip Country
33004 USA **33004 USA**

4. FEI Number **65-1106199** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Alvaro Castillo B., P.A.
1390 Brickell Avenue
Suite 200
Miami, Florida 33131

7. Name and Address of New Registered Agent
 Name **Alvaro Castillo B., P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue
Suite 200
 City **Miami,** **FL** Zip Code **33131**


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  DATE **4-17-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Angel Peche <input checked="" type="checkbox"/> Delete 18411 Miramar Parkway Weston, Florida 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Juan Manuel Dominguez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1151 S.E. 7th Court, Suite 105 Dania Beach, Florida 33004
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Alvaro Castillo C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1390 Brickell Avenue, Suite 200 Miami, Florida 33131
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4-17-02** (505) 371-5540
Signature and typed or printed name of signing managing member, manager, or authorized representative. Date Daytime Phone #

CR2E083 (11/00)