

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

04-30-2002 90035 016 \*\*\*\*55.00

**DOCUMENT # L01000010071**

1. Entity Name

**UPSTAIRS, L.L.C.**

Principal Place of Business

**170 OCEAN LANE DRIVE  
 SUITE 305  
 KEY BISCAYNE FL 33149**

Mailing Address

**170 OCEAN LANE DRIVE  
 SUITE 305  
 KEY BISCAYNE FL 33149**

945885



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**136 MADEIRA AVENUE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**CORAL GABLES**

City & State

**FLORIDA**

4. FEI Number

**65-1115413**

Applied For  
 Not Applicable

Zip

Country

Zip

**33134**

Country

5. Certificate of Status Desired



**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**QUINTANA, J. LUIS  
 338 MINORCA AVE.  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ANABELLA SOSA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**136 MADEIRA AVENUE**  
 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

*[Signature]*

**ANABELLA SOSA**

**01/09/02**

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	<b>MGRM RODRIGUEZ, JOSE W 1036 NE 95TH STREET MIAMI SHORES FL 33138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SOSA, ANABELLA 170 OCEAN LANE DRIVE KEY BISCAYNE FL 33149</b>	<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
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"/> 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
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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0010046

CR2E083 (9/01)