

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90025 035 \*\*\*\*55.00

**DOCUMENT # L01000013906**

1. Entity Name

**CARMA LLC**



Principal Place of Business

**780 NORTHWEST LEJEUNE ROAD, STE. 516  
MIAMI FL 33126**

Mailing Address

**780 NORTHWEST LEJEUNE ROAD, STE. 516  
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1134841**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional**

**Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PIEDRA, AURELIO A  
780 NW LE JEUNE RD  
516  
MIAMI FL 33126**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **RUIZ, CARLOS A**  
STREET ADDRESS **780 NORTHWEST LEJEUNE ROAD, STE. 516**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **MGRV** ☐ Delete  
NAME **GOTTERT, CARLOS**  
STREET ADDRESS **780 NORTHWEST LEJEUNE ROAD, STE. 516**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **S** ☐ Delete  
NAME **CEJAS, JOSE**  
STREET ADDRESS **780 NW LEJEUNE RD**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **T** ☐ Delete  
NAME **RUIZ, CARLOS A**  
STREET ADDRESS **780 NW LE JEUNE RD.**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 of the assets empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)