

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90027 026 \*\*\*\*55.00

**DOCUMENT # L01000020263**  
 1. Entity Name  
**VILAR, DUTY & MONTERO, P.L.**

Principal Place of Business      Mailing Address  
~~GABLES INTERNATIONAL PLAZA~~  
~~2655 LEJEUNE RD SUITE 004~~  
~~CORAL GABLES FL 33134~~      ~~GABLES INTERNATIONAL PLAZA~~  
~~2655 LEJEUNE RD SUITE 004~~  
~~CORAL GABLES FL 33134~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1101 BRICKELL AVE**      **1101 BRICKELL AVE.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**STE. 804 NORTH**      **STE. 804-NORTH**  
 City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**  
 Zip      Country      Zip      Country  
**33131**      **USA**      **33131**      **USA**

4. FEI Number       Applied For  
**65-1152540**      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MONTERO, JULIAN**  
**839 NE 115 ST**  
**BISCAYNE PARK FL 33161**

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.

SIGNATURE \_\_\_\_\_ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM	RODRIGO VILAR	1915 BRICKELL AVE, APT. C-411 MIAMI, FL 33129	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM	JULIAN MONTERO	839 N.E. 115 ST. BISCAYNE PARK, FL 33161	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM	GERALD DUTY	1200 STANFORD DR CORAL GABLES, FL 33146	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<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: *Julian Montero* (JULIAN MONTERO) 4/7/02 305.373.2800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)