

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

05-30-2002 91596 040 ****50.00

DOCUMENT # L01000020977

1. Entity Name
BODEGA DE ARTE LLC

DO NOT WRITE IN THIS SPACE

968310

2. Principal Place of Business
7035 A/B S.W. 47th AVE
Suite, Apt. #, etc.

3. Mailing Address
547 MAJORCA AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, Florida
Zip 33155 Country USA

City & State
CORAL GABLES, FL
Zip 33134 Country USA

4. FEJ Number 04-3669673
Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Diego L. Restrepo, Esq.
Street Address (P.O. Box Number is Not Acceptable)

547 MAJORCA 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 *Diego Restrepo*
Signature of Registered Agent (Not Applicable)

DATE 05-24-02

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR/PRES/TRES/SECR
NAME IRENE ACEVEDO
STREET ADDRESS 7035 A/B S.W. 47th AVENUE
CITY-ST-ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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: *Irene Acevedo* / IRENE ACEVEDO
MANAGER / PRES

(305) 665-9193