

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90001 021 ****50.00

DOCUMENT # L02000002879

1. Entity Name

142 REALTY, L.L.C.



Principal Place of Business

**14260 S.W. 142ND AVENUE, UNIT 105
MIAMI FL 33186**

Mailing Address

**14260 S.W. 142ND AVENUE, UNIT 105
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

14377 SW 142nd Street

Suite, Apt. #, etc.

City & State

Miami, Florida

4. FEI Number

03-0433317

Applied For

Not Applicable

Zip

Country

33186

Country

Dade

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAHAN, RICHARD J
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126**

Name

Billoch, John

Street Address (P.O. Box Number is Not Acceptable)

9390 SW 148th Street

City

Miami, Florida

FL

Zip Code

33176

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

John Billoch

06/13/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR**
STREET ADDRESS **HOYO, ALBERTO**
CITY-ST-ZIP **14260 S.W. 142ND AVENUE, UNIT 105
MIAMI FL 33186**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Alberto Hoyo

Alberto Hoyo MGR

6/13/03

(305)254-6793

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

Date

Daytime Phone #

CR2E083 (10/02)