2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90125 029 ****50.00

DOCUMENT # L02000016159

1. Entity Name
LA PEDRERA COMPANY, LTD. CO.

Principal Place of Business	Mailing Address
1730 MAIN STREET 216 WESTON FL 33326 US	1730 MAIN STREET 216 WESTON FL 33326 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3204 NW 79th AVE	1443 CAPRI LANE
Suite, Apt. #, etc. MIAMI	Suite, Apt. #, etc. UNIT 5904
City & State MIAMI FL	City & State WESTON, FL
Zip 33122 Country USA	Zip 33326 Country USA

4. FEI Number 02-0626475 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFREY E. CAMPION, PA
1730 MAIN STREET
216
WESTON FL 33326

7. Name and Address of New Registered Agent

Name ROSANA PEREWOZKI
Street Address (P.O. Box Number is Not Acceptable) 1443 CAPRI LANE UNIT-5904
City WESTON FL Zip Code 33326

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 ________ DATE 04/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREWOZKI NUSYMOWICZ, ROSANA E 1730 MAIN STREET SUITE 216 WESTON FL 33326 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREWOZKI, ROSANA 1443 CAPRI LANE UNIT 5904 WESTON FL 33326 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED 04/16/03 (954) 217-1736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #