

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90013 039 \*\*\*\*50.00

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

**DOCUMENT # L02000022111**

1. Entity Name  
**TENKA AND IBISA OF MIAMI, L.L.C.**



Principal Place of Business  
 536 BILTMORE WAY  
 CORAL GABLES, FL 33134

Mailing Address  
 536 BILTMORE WAY  
 CORAL GABLES, FL 33134

2. Principal Place of Business  
**1649 NW 27<sup>TH</sup> AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1649 NW 27<sup>TH</sup> AVENUE**  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**74-3059642**

Applied For  
 Not Applicable

Zip  
**33125**

Country  
**U.S.A.**

Zip  
**33125**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ.**  
**536 BILTMORE WAY**  
**CORAL GABLES, FL 33134**

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 *Andrew Cuevas* DATE **3/4/03**

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	<b>MGRM DENTMASTER'S BODY WORKS, LLC 536 BILTMORE WAY CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALJA CORPORATION 1649 NW 27<sup>TH</sup> AVENUE MIAMI, FLORIDA 33125</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM IBISA CAR RENTALS CORP. 536 BILTMORE WAY CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM INVERSIONES 2003, LLC 1649 NW 27<sup>TH</sup> AVENUE MIAMI, FLORIDA 33125</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: *[Signature]* DATE **3/4/03** (205) 633-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)