

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90190 007 \*\*\*\*55.00

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

**DOCUMENT #** L07000029982

**1. Entity Name**  
 Antonio Telogueris LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 546 N.E. 199th lane # 4W  
 Subst. Apt. #, etc. # 4W  
 City & State Miami - FL

**3. Mailing Address**  
 546 N.E. 199th lane # 4W  
 Subst. Apt. #, etc. # 4W  
 City & State Miami - FL

**4. FEI Number**  **Applied For**  
 **Not Applicable**

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

**6. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**7. Name and Address of Current Registered Agent**  
 Name: AMERICORP USA NETWORK  
 Street Address (P.O. Box Number is Not Acceptable): 546 N.E. 199th lane # 4W  
 City: Miami FL Zip Code: 33179

**DO NOT WRITE IN THIS SPACE**

**SIGNATURE** "Americorps Usa Network" *Dejanire Gonzalez MGBM* 04/23/03  
Signature, typed or printed name of registered agent and fee if applicable. DATE

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

**8. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	Antonio Telogueris	15621 SW 24th St	Doral, FL				
	15621 SW 24th St	546 N.E. 199th lane Miami, FL	33179				
	15621 SW 24th St	546 N.E. 199th lane Miami, FL	33179				

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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(3)(f), 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]* **04-23-03 (305)6526315**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

35050778



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CR200303 (12/01)