


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

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

4/

04-30-2003 90191 046 \*\*\*\*50.00

DOCUMENT # L02000032163  
1. Entity Name  
922, LLC



**DO NOT WRITE IN THIS SPACE**

44003037

2. Principal Place of Business 2103 CORAL WAY Suite, Apt. #, etc. 302 City & State MIAMI, FL Zip 33145 Country		3. Mailing Address 2103 CORAL WAY Suite, Apt. #, etc. 302 City & State MIAMI Zip 33145 Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3670259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Gustavo Lopez			
Street Address (P.O. Box Number is Not Acceptable)			
2103 CORAL WAY SUITE 302			
City MIAMI		FL	Zip Code 33145

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER/MANAGER ROBERTO RINCON 1990 NW 82 AVE MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER/MANAGER JUAN DIEGO RINCON 1990 NW 82 AVE MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER/MANAGER JAVIER LUCH 3621 SW 37th AVE MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER/MANAGER JUANITA LOPEZ 701 BRICKELL KEY BLVD, PH6 MIAMI, FL 33131	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**

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: JUANITA LOPEZ Managing member/MANAGER 04/23/03 305 2855188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)