

04-07-2003 90611 016 \*\*\*\*55.00

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

**30049485**

<b>DOCUMENT # L02000033478</b> 1. Entity Name <b>US AIRES L.L.C.</b>		
Principal Place of Business 17878 N. BAY RD. #303 SUNNY ISLES, FL 33160		Mailing Address 17878 N. BAY RD. #303 SUNNY ISLES, FL 33160
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>WILAMOWSKY, MARCOS A</b> 17878 N. BAY RD. #303 SUNNY ISLES, FL 33160		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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	DATE _____	
<b>FILE NOW!! FEE IS \$80.00</b> Make Check Payable to Florida Department of State Due By May 1, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE: MGR NAME: WILAMOWSKY, MARCOS A STREET ADDRESS: 17878 N. BAY RD. #303 CITY-ST-ZIP: SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE: MGR NAME: Gabriel Rosa STREET ADDRESS: 17878 N Bay Rd. #303 CITY-ST-ZIP: Sunny Isles, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: MGR NAME: GLEIZER, ADRIAN STREET ADDRESS: 17878 N. BAY RD. #303 CITY-ST-ZIP: SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE: MGR NAME: Gabriel Rosa STREET ADDRESS: 17878 N Bay Rd. #303 CITY-ST-ZIP: Sunny Isles, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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 503, Florida Statutes.		
SIGNATURE	DATE _____	

CR2E003 (10/02)