

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90022 016 ****50.00

DOCUMENT # L99000003696

1. Entity Name
MONTECARLO HATS, L.L.C.

Principal Place of Business
~~8600 NW 64TH STREET, BAY #5~~
~~MIAMI FL 33166~~

Mailing Address
~~8600 NW 64TH STREET, BAY #5~~
~~MIAMI FL 33166~~

2. Principal Place of Business
12330 SW 53 ST.
 Suite, Apt. #, etc.
710

3. Mailing Address
12330 SW 53 ST.
 Suite, Apt. #, etc.
710



DO NOT WRITE IN THIS SPACE

City & State
Cooper City, FL
 Zip
33330
 Country
Broward

City & State
Cooper City, FL
 Zip
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 Country
Broward

4. FEI Number **65-0929052**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CRUZ, SAMIR CURY~~
~~8600 NW 64TH STREET, BAY #5~~
~~MIAMI FL 33166~~

12330 SW 53 ST. # 710
Cooper City, FL 33330

Name
 Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE _____ DATE _____
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAMIR CURY CRUZ 8600 NW 64TH STREET, BAY #5 MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORGE CURY CRUZ 8600 NW 64TH STREET, BAY #5 MIAMI FL 33166
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	

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13718 NW 18th ST Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2107 NW 142 way Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.

SIGNATURE: *Samir Cury*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

CFR2E083 (9/01)