

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90062 037 ****50.00

DOCUMENT # L99000006629

1. Entity Name

FINEVEST MANAGEMENT SERVICES LLC



Principal Place of Business

Mailing Address

**5781 SW 116 STREET
CORAL GABLES FL 33156**

**5781 SW 116 STREET
CORAL GABLES FL 33156**

2. Principal Place of Business

3. Mailing Address

2655 LeJeune Road

2655 LeJeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 802

802

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA.

33134

USA.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0960182**

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

**GARCIA, DAVID R
5781 SW 116 ST.
CORAL GABLES FL 33156**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **MGRM** ☐ Delete
NAME **GARCIA, JULIA**
STREET ADDRESS **5781 SW 116 STREET**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **GARCIA, DAVID**
STREET ADDRESS **5781 SW 116 STREET**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/28/03

Date

(305) 442-9270

Daytime Phone #

CR2E083 (10/02)