

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90172 026 ****50.00

DOCUMENT # L01000010692

1. Entity Name
2 L HOLDINGS, LLC

Principal Place of Business

**815 N.W. 57TH AVE. #125
 MIAMI FL 33126**

Mailing Address

**815 N.W. 57TH AVE. #125
 MIAMI FL 33126**

2. Principal Place of Business

224 Catalonia Ave

3. Mailing Address

224 Catalonia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coral Gables FL

City & State
Coral Gables, FL.

4. FEI Number
65-1130362

Applied For
 Not Applicable

Zip
33134

Country
Dade

Zip
33134

Country
Dade

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

LOPEZ, VALENTIN

~~815 N.W. 57TH AVE #125
 MIAMI FL 33126~~

**224 Catalonia Ave
 Coral Gables, FL 33134**

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Member Valentin Lopez	
STREET ADDRESS		224 Catalonia Ave	
CITY-ST-ZIP		Coral Gables FL 33134	
TITLE	<input type="checkbox"/> Delete	Member Raimundo Lopez Liya Levi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		224 Catalonia Ave	
STREET ADDRESS		Coral Gables, FL. 33134	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Valentin Lopez* **REQUIRED**

1/14/02

CR2E083 (9/01)