

# 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 <b>815 N.W. 57TH AVE. #125          MIAMI FL 33126</b>	Mailing Address <b>815 N.W. 57TH AVE. #125          MIAMI FL 33126</b>
---	---

2. Principal Place of Business <b>224 Catalonia Ave</b>	3. Mailing Address <b>224 Catalonia Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Gables FL</b>	City & State <b>Coral Gables, FL.</b>	4. FEI Number <b>65-1130362</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33134</b>	Country <b>Dade</b>	Zip <b>33134</b>	Country <b>Dade</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOPEZ, VALENTIN**  
~~815 N.W. 57TH AVE #125 MIAMI FL 33126~~  
**224 Catalonia Ave  
 Coral Gables, FL 33134**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <b>Valentin Lopez</b> <b>224 Catalonia Ave</b> <b>Coral Gables FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <b>Raimundo Lopez Liya Levi</b> <b>224 Catalonia Ave</b> <b>Coral Gables, FL. 33134</b>	<input type="checkbox"/> Change <input checked="" 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)(l), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)