2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030982

1. Entity Name



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90004 025 ****50.00

HERRA, L	.·L.C.								
Principal Plac	ce of Business	Mailing Address							
20355 NE 34 DEL VISTA CT. BUILDING 2 APT. #1928 AVENTURA FL 33180		20355 NE 34 DEL VISTA CT. BUILDING 2 APT. #1928 AVENTURA FL 33180			1 188 111	II) BIS BRISH ISBIS BRISK	PRIN RUNI ACIKA I	1881 88 81 0 1610 1	18410 H.D. 1881
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HE	RE IF MAKING	CHANGES	;
City & State		City & State			4. FEI Numb	818218			pplied For lot Applicable
Zip	Country	Zip	Country			e of Status Desired	d 🔲	\$5.00 Ad Fee Require	Iditional
	6. Name and Address of Current I				7. Name an	d Address of Nev	v Realstered	<u>.</u>	-
	Name				-				
913	zman, Mario I 0 S. Dadeland Boulevard, Sui MI FL 33156	TE #1504	Street Ad	Idress (P.	O. Box Numb	per is Not Accepta	ble)	,	
	£ .		- City		,		FL	Zip Coc	te et
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or a	registere	d agent, or bo	oth, in the State of	Florida. I am	familiar with,	, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatur	e required w	when reinstating)		DATE		
		Make Check Payable	W!!! FEE IS \$5 to Florida Depa		t of State				
			By May 1, 2003		l or oldto				
9.	MANAGING MEMBER		10.			ADDITIÓN	NS/CHANGES		
TITLE	MGRM	Delete	TITLE			ADDITION	NO / OF IAIVOLS	Change	Addition
NAME	DANIEL OSCAR HALPERIN	□ Delete	NAME					□ Onlingo	
STREET ADDRESS	20355 NE 34 DEL VISTA CT.		STREET ADDRESS						ŀ
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	SUSANA NOEMI ZIMERMAN DE	HALPERIN	NAME						
STREET ADDRESS	20355 NE 34 DEL VISTA CT.		STREET ADDRESS						1
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP						
TITLE	ميسه د الجاليد دياد العجا	Delete	. s TiTLE ,		• .	يوم رايانجان		Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
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I nereby 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.

TURE: STATE OF THOS PER TONG FOR Member.

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

786-287-2884