

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0021438

04-30-2003 90188 022 \*\*\*\*50.00

**DOCUMENT # L02000029117**

1. Entity Name

12TH AVENUE AND 5TH STREET LLC



Principal Place of Business

Mailing Address

10700 SW 116 AVE  
MIAMI FL 33176

10700 SW 116 AVE  
MIAMI FL 33176

2. Principal Place of Business

2103 CORAL WAY

Suite, Apt. #, etc.

302

MIAMI FL

3. Mailing Address

2103 CORAL WAY

Suite, Apt. #, etc.

302

MIAMI, FL



CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0756350

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, GUSTAVO  
10700 SW 116 AVE  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name GUSTAVO LOPEZ

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

2103 CORAL WAY, suite 302  
MIAMI FL Zip Code 33145

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 Gustavo Lopez Gustavo Lopez 04/23/03  
Signature, typed or printed name of registered agent and date 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 <input type="checkbox"/> Delete
NAME	LOPEZ, GUSTAVO
STREET ADDRESS	10700 SW 116 AVE
CITY-ST-ZIP	MIAMI FL 33176
TITLE	MANAGING MEMBER/MANAGER <input type="checkbox"/> Delete
NAME	JAVIER LUCH
STREET ADDRESS	2103 CORAL WAY SUITE 302
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<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)(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: Gustavo Lopez GUSTAVO LOPEZ MGRM 04/23/03 305 2855188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)