LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
May 29, 2003 8:00 am
Secretary of State
05-05-2003 90691 040 ****55.00

DOCUMENT # L02000022072

1. Entity Name

Unique Spa Homes, LLC

DO NOT WRITE IN THIS SPACE

44002836

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2. Principal Place of Business	3. Mailing Address
7398 NW 25 Terr	7398 NW 25 Terr
Suite, Apt. #, etc. Suit # 206	Suite, Apt. #, etc. Suit # 206
City & State Miami FL.	City & State Miami FL.
Zip 33122 Country	Zip 33122 Country

4. FEI Number 02-0639799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Jorge Stein

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

7398 NW 25 Terr #206

City Miami FL Zip Code 33122

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Operatin Manager	TITLE	
NAME	Jorge Stein	NAME	
STREET ADDRESS	7398 NW 25 Terr #206	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Vice-Operating Manager	TITLE	
NAME	Roberto Heller	NAME	
STREET ADDRESS	7398 NW 25 Terr. #206	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Abbas Abrarpour	NAME	
STREET ADDRESS	7398 NW. 25 Terr #206	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/02)

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