

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/17/2003-90011-003-\$50.00-\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 29 AM 8:21

*m*  
10/07

DOCUMENT # L02000000548



1. Entity Name  
BBR, L.L.C.

Principal Place of Business  
9727 NORTHWEST 44 TERRACE  
MIAMI FL 33178

Mailing Address  
9727 NORTHWEST 44 TERRACE  
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2975425**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CMS INTERNATIONAL ENTERPRISES, INC.  
2600 DOUGLAS RD., STE. 400  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BALESTRINI, ULISES G  Delete  
STREET ADDRESS 9727 N.W. 44TH TERR.  
CITY-ST-ZIP MIAMI FL 33178

TITLE  Change  Addition  
NAME BALESTRINI, ULISES J

TITLE MGR  Delete  
NAME BALESTRINI, ULISES B  
STREET ADDRESS 9727 NORTHWEST 44 TERRACE  
CITY-ST-ZIP MIAMI FL 33178

TITLE  Change  Addition  
NAME BALESTRINI, ULISES

TITLE MGR  Delete  
NAME ROJAS ACHE, JUAN  
STREET ADDRESS 9727 NORTHWEST 44 TERRACE  
CITY-ST-ZIP MIAMI FL 33178

TITLE  Change  Addition  
NAME ROJAS, JUAN

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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:

*Ulises Balestrini*  
ULISES BALESTRINI

09/05/03

305-629-9034

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

Date

Daytime Phone #

CR2E083 (4/03)