2001 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name

Sign, L.L.C.

Principal Place of Business	Mailing Address
7343 NW 54 Street Miami FL 33166	

2. Principal Place of Business	3. Mailing Address
Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0970818 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Cuervas & Rubin P.A. 9200 S. Dadeland Blvd., Suite 603 Miami FL 33156	Name: Pablo Luaces Street Address (P.O. Box Number is Not Acceptable): 7343 NW 54 Street City: Miami FL Zip Code: 33166

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: _____ April 28th 2001
Signature, typed or printed name of registered agent and title if applicable — Printed registered agent signature required when changing — DATE

MANAGING MEMBERS / MEMBERS		ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
MGRM Pablo Luaces 9200 S. Dadeland Blvd., Suite 603 Miami FL 33156		MGRM Pablo Luaces 7343 NW 54 Street Miami FL 33166	
MGRM Osvaldo Luaces 9200 S. Dadeland Blvd. Suite 603 Miami FL 33156	☐ Delete	MGRM Osvaldo Luaces 7343 NW 54 Street Miami FL 33166	☒ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E083 (1/00)

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 605, Florida Statutes.

SIGNATURE: _____ April 28th 2001
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date