

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90204 042 ****50.00

DOCUMENT # L00000000052

1. Entity Name
SIGN, L.L.C.

Principal Place of Business

**7343 NW 54 STREET
 MIAMI FL 33166**

Mailing Address

**7343 NW 54 STREET
 MIAMI FL 33166**

2. Principal Place of Business

5399 NW 36th Str.

3. Mailing Address

5399 NW 36th Str.

Suite, Apt. #, etc.

1ST FLOOR

Suite, Apt. #, etc.

1ST FLOOR

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0970818

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LUACES, PABLO

**7343 NW 54 STREET
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **LUACES PABLO**

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

5399 NW 36th Street - 1ST FLOOR

City **MIAMI**

FL

Zip Code **33166**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **LUACES, PABLO**
 STREET ADDRESS **7343 NW 54 STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGRM** ☐ Delete
 NAME **LUACES, OSVALDO OMAR**
 STREET ADDRESS **7343 NW 54 STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **PABLO LUACES, PABLO**
 STREET ADDRESS **5399 NW 36 STREET - 1ST FLOOR**
 CITY-ST-ZIP **MIAMI - FL - 33166**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **LUACES, OSVALDO**
 STREET ADDRESS **5399 NW 36 STREET - 1ST FLOOR**
 CITY-ST-ZIP **MIAMI - FL - 33166**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE REQUIRED

PABLO LUACES -

04/29/02

305-884-8231

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

Date

Daytime Phone #

CR2E083 (9/01)