

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91553 037 \*\*\*\*50.00

DOCUMENT # **L00000000387**

1. Entity Name

**GRISALES & ALFANO, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**999 BRICKELL AVENUE**

Suite, Apt. #, etc.  
**SUITE 700**

City & State  
**MIAMI, FLORIDA**

Zip  
**33131**

Country  
**Dade County**

3. Mailing Address

**999 BRICKELL AVENUE**

Suite, Apt. #, etc.

**SUITE 700**

City & State  
**MIAMI, FLORIDA**

Zip  
**33131**

Country  
**Dade County**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0974953**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **OSCAR GRISALES-RACINI**

Street Address (P.O. Box Number is Not Acceptable)  
**999 BRICKELL AVENUE**

**SUITE 700**

City **MIAMI**

FL

Zip Code  
**33131**

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 **X**

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

**04/18/2002**

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
OSCAR GRISALES-RACINI  
999 BRICKELL AVENUE, SUITE 700  
MIAMI, FLORIDA 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ALEXANDER J. ALFANO  
999 BRICKELL AVENUE, SUITE 700  
MIAMI, FLORIDA 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SIGNATURE: **X**

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

**04/18/2002 (305) 3774540**

Date

Daytime Phone #

CR2E083B (12/01)