

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90003 013 ****50.00

DOCUMENT # L00000000387

1. Entity Name
GRISALES & ALFANO, LLC



Principal Place of Business

**999 BRICKELL AVENUE,
STE 700
MIAMI FL 33131**

Mailing Address

**999 BRICKELL AVENUE,
STE 700
MIAMI FL 33131**

2. Principal Place of Business

**2655 Le Seune Rd.
Suite, Apt. #, etc.
403**

3. Mailing Address

**2655 Le Seune Rd.
Suite, Apt. #, etc.
403**

City & State
Coral Gables, FLORIDA

Zip
33134

Country
USA

City & State
Coral Gables, FLORIDA

Zip
33134

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0974953**

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

**ALFANO, ALEXANDER J.
999 BRICKELL AVENUE,
STE 700
MIAMI FL 33131**

Name **Alexander J. ALFANO**

Street Address (P.O. Box Number is Not Acceptable)
2655 Le Seune Rd.

Suite # 403

City
Coral Gables

FL

Zip Code
33134

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

03-28-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRISALES, OSCAR
999 BRICKELL AVE., SUITE 700
MIAMI FL 33131** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALFANO, ALEXANDER J
999 BRICKELL AVE., SUITE 700
MIAMI FL 33131** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

03-28-03 (305) 728-1341

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

Date

Daytime Phone #

CR2E083 (10/02)