

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000000776

1. Entity Name

La Luna Latina, LLC

FILED

01 MAY -3 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

830 Lincoln Road
Second Floor
Miami Beach, FL 33139

700004336857--3

-05/31/01--01094--009

*****50.00 *****50.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0974398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Thomas J. Hess, Esq.
601 Brickell Key Drive
St. 802
Miami, FL 33131

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Victor Gutierrez
STREET ADDRESS 830 Lincoln Road, Second Floor
CITY-ST-ZIP Miami Beach, FL 33139 ☐ Delete

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

TITLE MGRM
NAME Jose Luque
STREET ADDRESS 830 Lincoln Road, Second Floor
CITY-ST-ZIP Miami Beach, FL 33139 ☐ Delete

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

TITLE MGRM
NAME Cesar Coen
STREET ADDRESS 830 Lincoln Road, Second Floor
CITY-ST-ZIP Miami Beach, FL 33139 ☐ Delete

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

TITLE MGRM
NAME Armando Rodriguez
STREET ADDRESS 830 Lincoln Road, Second Floor
CITY-ST-ZIP Miami Beach, FL 33139 ☐ Delete

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

TITLE MGRM
NAME Alvaro Alvarez
STREET ADDRESS 830 Lincoln Road, Second Floor
CITY-ST-ZIP Miami Beach, FL 33139 ☐ Delete

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

TITLE MGRM
NAME Orlando Delgado
STREET ADDRESS 830 Lincoln Road, Second Floor
CITY-ST-ZIP Miami Beach, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Jose Luque MGRM

5/1/01

1305371-8064

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

Date

Daytime Phone #

CR2E083 (11/00)