

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90114 007 \*\*\*\*50.00

**DOCUMENT # L00000001366**

1. Entity Name  
**432 WARREN LLC**

Principal Place of Business  
**460 N. MASHTA DR.  
 KEY BISCAYNE FL 33149**

Mailing Address  
**460 N. MASHTA DR.  
 KEY BISCAYNE FL 33149**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**CORRAL, CARLOS D  
 2305 NW 107TH AVE  
 MIAMI FL 33172**

Name **Maria del C. Saldarriaga**  
 Street Address (P.O. Box Number is Not Acceptable)

**460 N. Mashta Dr.**

City **Key Biscayne FL** Zip Code **33149**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**8-30-02**  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**  Delete  
 NAME **CORRAL, CARLOS D**  
 STREET ADDRESS **2305 NW 107TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **MGRM**  Change  Addition  
 NAME **Saldarriaga, Maria del C.**  
 STREET ADDRESS **460 North Mashta Drive**  
 CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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]* **President**

**08-07-02** <sup>(305)</sup> **361-1403**  
 Date Daytime Phone #

CR2E083 (4/02)