

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90082 014 \*\*\*\*55.00

**DOCUMENT # L00000002402**

1. Entity Name  
**P.S. REALTY, L.L.C.**



Principal Place of Business

**14107 N.W. 19TH AVENUE  
MIAMI FL 33054**

Mailing Address

**14107 N.W. 19TH AVENUE  
MIAMI FL 33054**

2. Principal Place of Business

**12062 NW 27TH AVE**

3. Mailing Address

**12062 NW 27 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number **59-2375165**

Applied For

Not Applicable

Zip **33167-2651**

Country **U.S.A.**  
**MIAMI-DADE**

Zip **33167-2651**

Country **U.S.A.**  
**MIAMI-DADE**

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

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES FL 33146**

Name **AGUILERA, PABLO**

Street Address (P.O. Box Number is Not Acceptable)  
**12062 NW 27TH AVE**

City **MIAMI**

**FL**

Zip Code **33167-2651**

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 **P. Aguiera**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/22/03**

**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 **P** ☐ Delete  
NAME **AGUILERA, PABLO M**  
STREET ADDRESS **16558 NE 26TH AVE., #6B**  
CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

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

TITLE **CEO** ☐ Delete  
NAME **VAN BEEVER, ROBERT**  
STREET ADDRESS **20281 E. COUNTRY CLUB DR., #914**  
CITY-ST-ZIP **AVENTURA FL 33180**

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 REQUIRED**

**4/22/03**

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

Date

Daytime Phone #

CR2E083 (10/02)