

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90022 050 \*\*\*\*50.00

**DOCUMENT # L00000002673**

1. Entity Name

**OGZ/GRANA FINANCIAL GROUP, LLC**

Principal Place of Business

**2151 LEJEUNE ROAD, SUITE 312  
 CORAL GABLES FL 33134**

Mailing Address

**2151 LEJEUNE ROAD, SUITE 312  
 CORAL GABLES FL 33134**

2. Principal Place of Business

**999 Ponce De Leon Blvd.  
 Suite, Apt. #, etc.  
 #1045**

3. Mailing Address

**999 Ponce DE Leon Blvd.  
 Suite, Apt. #, etc.  
 #1045**

City & State

**Coral Gables, FL.**

City & State

**Coral Gables, FL.**

4. FEI Number

**65-1022849** **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

**33134**

Zip

Country

**33134**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**OCARIZ, HIRAM  
 2151 LEJEUNE ROAD, SUITE 312  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**999 Ponce DE Leon Blvd.**

**#1045**

City

**Coral Gables**

**FL**

Zip Code

**33143**

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

**HIRAM OCARIZ**

DATE

**1/24/02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete  
 NAME **DIAZ-GARRASTACHO, DENISE**  
 STREET ADDRESS **2151 LEJEUNE RD. SUITE 312**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MEM** ☐ Delete  
 NAME **OCARIZ, HIRAM**  
 STREET ADDRESS **2151 LEJEUNE RD. SUITE 312**  
 CITY-ST-ZIP **CORAL GABLES FL 33132**

TITLE **MEM** ☐ Delete  
 NAME **GITLIN, MARK**  
 STREET ADDRESS **2151 LEJEUNE RD., SUITE 312**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MEM** ☐ Delete  
 NAME **ZOMERFELD, RAYMOND J**  
 STREET ADDRESS **2151 LEJEUNE RD. SUITE 312**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MEM** ☐ Delete  
 NAME **CARBALLO, MIRTHA T**  
 STREET ADDRESS **2151 LEJEUNE RD, SUITE 312**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MEM** ☐ Delete  
 NAME **VIZCAINO, ARMANDO**  
 STREET ADDRESS **2151 LEJEUNE RD. SUITE 312**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

10. ADDITIONS/CHANGES

TITLE **MEMBER** ☐ Change ☒ Addition  
 NAME **GILBERTO F. GRANA**  
 STREET ADDRESS **999 PONCE DE LEON BLVD, SUITE 1045**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/24/02**

**305-444-3160**

CR2E083 (9/01)