FILED
Jul 24, 2003 8:00 am
Secretary of State
07-15-2003 90017 036 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002673

1. Entity Name
OGZ/GRANA FINANCIAL GROUP, LLC

Principal Place of Business	Mailing Address
999 PONCE DE LEON BLVD. #1045 CORAL GABLES FL 33134	999 PONCE DE LEON BLVD. #1045 CORAL GABLES FL 33134

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1022849 — 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
OCARIZ, HIRAM 999 PONCE DE LEON BLVD. #1045 CORAL GABLES FL 33134	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. 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MEM ☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME	DIAZ-GARRASTACHO, DENISE	NAME	GRANA, Gilberto F.
STREET ADDRESS	2151 LEJEUNE RD. SUITE 312	STREET ADDRESS	999 Ponce de Leon Blvd., Suite 1045
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	MEM ☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME	OCARIZ, HIRAM	NAME	CHADDERTON, TREVOR
STREET ADDRESS	2151 LEJEUNE RD. SUITE 312	STREET ADDRESS	999 PONCE DE LEON BLVD, STE 1045
CITY-ST-ZIP	CORAL GABLES FL 3312	CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MEM ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	GITLIN, MARK	NAME	GITLIN, MARK
STREET ADDRESS	2151 LEJEUNE RD., SUITE 312	STREET ADDRESS	999 PONCE DE LEON BLVD, STE 1045
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MEM ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	ZOMERFELD, RAYMOND J	NAME	ZOMERFELD, RAYMOND J.
STREET ADDRESS	2151 LEJEUNE RD. SUITE 312	STREET ADDRESS	999 PONCE DE LEON BLVD, STE 1045
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MEM ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	CARBALLO, MIRTHA T	NAME	CARBALLO, MIRTHA T
STREET ADDRESS	2151 LEJEUNE RD, SUITE 312	STREET ADDRESS	999 PONCE DE LEON BLVD, STE 1045
CITY-ST-ZIP	CORA; GABLES FL 33134	CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MEM ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	VIZCAINO, ARMANDO	NAME	VIZCAINO, ARMANDO
STREET ADDRESS	2151 LEJEUNE RD. SUITE 312	STREET ADDRESS	999 PONCE DE LEON BLVD, STE 1045
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	CORAL GABLES, FL 33134

CR2E083 (4/03)

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 7/11/03 305-444-8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #