

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90008 040 \*\*\*\*50.00

**DOCUMENT # L00000002845**

1. Entity Name

**2K TWO COUPLE, LLC**

Principal Place of Business

**10817 NORTHWEST 29 STREET  
 MIAMI FL 33172**

Mailing Address

**10817 NORTHWEST 29 STREET  
 MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0996039**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**ANGEL D. CORDOVA & CO.**

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

**780 N.W. 42nd AVENUE #416**

City

**MIAMI, FL**

**FL**

Zip Code

**33126**

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

**ANGEL D. CORDOVA**

**2/25/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **URBINA, CARLOS**  
 CITY-ST-ZIP **10817 NORTHWEST 29 STREET  
 MIAMI FL 33172**

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **ASCENCIO, JUAN**  
 CITY-ST-ZIP **10817 NORTHWEST 29 STREET  
 MIAMI FL 33172**

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **DOMINGUEZ, GASTON**  
 CITY-ST-ZIP **10817 NORTHWEST 29 STREET  
 MIAMI FL 33172**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **MGR**  
 STREET ADDRESS **DOMINGUEZ, LUIS**  
 CITY-ST-ZIP **10817 N.W. 29 STREET  
 MIAMI, FL 33172**

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: X

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

**GASTON DOMINGUEZ**

**02/25/02**

Date

**305-4700070**

Daytime Phone #

CR2E083 (5/01)