

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90999 001 ****55.00

DOCUMENT # L00000003327

1. Entity Name
INVERSIONES M.R., L.L.C.



Principal Place of Business
**8346C NW SOUTH RIVER DRIVE
MIAMI, FL 33166**

Mailing Address
**8346C NW SOUTH RIVER DRIVE
MIAMI, FL 33166**

2. Principal Place of Business

3. Mailing Address

6016 NW 116 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

City & State

City & State

MIAMI - FL

Zip

Country

Zip

Country

33178

USA

4. FEI Number

65-0993279

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ.
536 BILTMORE WAY
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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, by actor 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **RUTNENOFF, MIROSLAVA**
STREET ADDRESS **8346C NW SOUTH RIVER DR**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **MGRM** ☐ Delete
NAME **DE RUTNENOFF, CARMEN**
STREET ADDRESS **8346C NW SOUTH RIVER DR**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 60B, Florida Statutes.

SIGNATURE: *[Signature]*

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

Date

Daytime Phone #

4/23/03

CR2E083 (10/02)