

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90598 044 \*\*\*\*50.00

DOCUMENT # L00000003889

1. Entity Name

PIERO AL CARIBE LLC

**DO NOT WRITE IN THIS SPACE**

058357

2. Principal Place of Business

1357 Washington Ave.

3. Mailing Address

1357 WASHINGTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL.

City & State

MIAMI BEACH FL.

Zip

Country

Zip

Country

4. FEI Number

65-0997979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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.

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PO</u> <u>CARRA JOHN</u> <u>1357 WASHINGTON AVE</u> <u>MIAMI BEACH FL. 33137</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>BORZELLI, PIERO</u> <u>1357 WASHINGTON AVE</u> <u>MIAMI BEACH FL. 33139</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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:

Piero Borzelli

4/30/02

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

CR2E083B (12/01)