

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90583 008 \*\*\*\*50.00

**DOCUMENT # L00000004341**

1. Entity Name

**MAGIC ANDES, LLC**



Principal Place of Business

Mailing Address

**601 BRICKELL KEY DRIVE, SUITE 802  
MIAMI FL 33131**

**601 BRICKELL KEY DRIVE, SUITE 802  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**601 Brickell Key Drive**

**601 Brickell Key Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami, FL**

**Miami, FL**

Zip

Zip

**33131**

**33131**

Country

Country

**USA**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1003465**

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

**VAZQUEZ, GERARDO A  
601 BRICKELL KEY DRIVE, SUITE 802  
MIAMI FL 33131**

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 \_\_\_\_\_ (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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **SCHMIDT, JUAN RICARDO**  
STREET ADDRESS **601 BRICKELL KEY DRIVE, SUITE 802**  
CITY-ST-ZIP **MIAMI FL 33131-2649**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **SCHMIDT, JUAN RICARDO**

**4/30/03**

**305-371-9004**

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

Date

Daytime Phone #

CR2E083 (10/02)