## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

02-13-2003 90024 041 \*\*\*\* 50:00 DOCUMENT # L0000005825 03 DEC 10 PM 4: 44 SOLARIUM CENTROS DE BRONCEADO, L.L.C. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address MAH 1136 S. DIXIE HWY. 1136 S. DIXIE HWY. **CORAL GABLES FL 33146** CORAL GABLES FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES ( City & State City & State Applied For FEI Number 65-1010205 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent CUEVAS, ANDREW ESQ Street Address (P.O. Box Number is Not Acceptable) 536 BILTMORE WAY **CORAL GABLES FL 33134** Zip Code City 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 CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** MGR Addition R2E083 (10/02) TITLE Delete TITLE Change RIEBER, BERNARDO NAME Marcos Baduell NAME IND BUTTONWOOD DR. STREET ADDRESS STREET ADDRESS 1136 S. DIXIE HWY. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 KEY BISCAYNE MAR Addition TITLE Delete TITLE ☐ Change CARLOS MILLAN NAME 11365 PINIE HAY STREET ADDRESS STREET ADORESS DEAL GABIES, PL 33146 CITY-ST-ZIP CITY-ST-ZIP Delete\_ MGR Change Addition TITLE TITLE CAPILO MENASCHE NAME NAME 1136 S DIXIE HWY STREET ADDRESS STREET ADDRESS WEAL GABLES, FL 33146 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete BELKYS BALLIACHE NAME NAME 1136 S DIRIE HWY STREET ADDRESS STREET ADDRESS COPPLYABLES PL 33146 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.