

2002 UNIFORM BUSINESS REPORT (UBR)

S/30/2002-01597-006 \$5.00-\$5.00
* 9/26/2002-90-01-04 \$5.00-\$5.00

DOCUMENT # L00000005988

1. Entity Name
SOUTH AMERICAN HOME SERVICE, L.L.C.

Principal Place of Business
18131 S.W. 149 AVENUE
MIAMI FL 33187

Mailing Address
18131 S.W. 149 AVENUE
MIAMI FL 33187

2. Principal Place of Business
MIAMI FL.
Suite, Apt. #, etc.
18131 SW 149 AV.
City & State
MIAMI FL

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip 33187 Country USA

Zip Country

4. FEI Number 65-1011077

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CUERVO, ANA M
18131 S.W. 149 AVENUE
MIAMI FL 33187

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 *Hugo E. Santos*

9-19-02

Signature, typed 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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CUERVO, ANA M
STREET ADDRESS 18131 S.W. 149 AVENUE
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

TITLE MGR
NAME HUGO-E. SANTOS
STREET ADDRESS 18131-SW.149 Avenue
CITY-ST-ZIP MIAMI FL. 33187 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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: *Hugo E. Santos* DESIRED

9-19-02

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

Date

Daytime Phone #

CR2E083 (4/02)

FILED
03 JAN 24 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

65-1011077

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01/21/03--01023--017 **155.00

REINSTATEMENT 02-03