

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010041 AF

DOCUMENT # L00000006434

1. Entity Name  
MARVEN, L.L.C.

FILED

01 APR 30 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~9200 S DADELAND BLVD~~  
~~SUITE 603~~  
~~MIAMI FL 33156~~

Mailing Address

~~9200 S DADELAND BLVD~~  
~~SUITE 603~~  
~~MIAMI FL 33156~~

2. Principal Place of Business

9815 SW 40 STREET

Suite, Apt. #, etc.

3. Mailing Address

9815 SW 40 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1013135

Applied For

Not Applicable

Zip

33165

Country

USA

Zip

33165

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ

~~CUEVAS & RUBIN PA~~

~~9200 S DADELAND BLVD SUITE 603~~

~~MIAMI FL 33156~~

7. Name and Address of New Registered Agent

Name

CUEVAS, ANDREW ESQ

Street Address (P.O. Box Number is Not Acceptable)

536 BILTMORE WAY

City

CORAL GABLES

FL

Zip Code

33134

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 fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CALIMAN, ALBES  
9200 S DADELAND BLVD  
MIAMI FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CALIMAN, ADOLFO  
9200 S DADELAND BLVD  
MIAMI FL 33156 ☒ 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  
MGRM  
CALIMAN, ALBES  
536 BILTMORE WAY  
CORAL GABLES, FL 33134 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004217983--5  
-05/15/01--01107--002 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
\*\*\*\*\*50.00 ☐ 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:

*[Signature]*

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

Date

Daytime Phone #

19/04/01 3059625437

CR2E083 (11/00)