

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.

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI, FL

City & State
 MIAMI, FL.

Zip
 33165

Country
 USA

4. FEI Number
 65-1013135

Applied For
 Not Applicable

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 *Andrew Cuevas*
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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALIMAN, ADOLFO 9200 S DADELAND BLVD MIAMI FL 33156 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALIMAN, ALBES 536 BILTMORE WAY CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004217983--5 -05/15/01--01107--002 *****50.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alb Caliman* **REQUI:** *19/04/01 3059625437*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** Daytime Phone #

CR2E083 (11/00)