

# 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**

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	<b>MGRM</b> <b>CALIMAN, ALBES</b> <b>9200 S DADELAND BLVD</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CALIMAN, ADOLFO</b> <b>9200 S DADELAND BLVD</b> <b>MIAMI FL 33156</b> <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	<b>MGRM</b> <b>CALIMAN, ALBES</b> <b>536 BILTMORE WAY</b> <b>CORAL GABLES, FL 33134</b> <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
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: *Albes Caliman* **REQUI:**  
 Signature and typed or printed name of signing managing member, manager, or authorized representative Date: **19/04/01** Daytime Phone #: **3059625437**

CR2E083 (11/00)