

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90006 039 \*\*\*\*50.00

**DOCUMENT # L00000006434**

1. Entity Name

**MARVEN, L.L.C.**



Principal Place of Business

**7220 SW 8 STREET  
MIAMI FL 33144**

Mailing Address

**7220 SW 8 STREET  
MIAMI FL 33144**

2. Principal Place of Business

**4995 N.W., 72 Ave**

3. Mailing Address

**4995 N.W., 72 Ave**

Suite, Apt. #, etc.

**Suite 205**

Suite, Apt. #, etc.

**Suite 205**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

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 ESO  
536 BILTMORE WAY  
CORAL GABLES FL 33134**

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

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
CALIMAN, ALBES  
536 BILTMORE WAY  
CORAL GABLES FL 33134**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
CALIMAN, ADOLFO  
536 BILTMORE WAY  
CORAL GABLES FL 33134**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
Alvez Caliman  
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

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☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED**

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

Date

Daytime Phone #

**02/21/03**