

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90580 016 \*\*\*\*\*55.00

**DOCUMENT # L00000008387**

1. Entity Name  
**ASTAF & ASSOCIATES INTERNATIONAL GROUP,  
L.L.C.**



Principal Place of Business  
10268 N.W. 56 STREET  
MIAMI, FL 33178

Mailing Address  
10268 N.W. 56 STREET  
MIAMI, FL 33178

2. Principal Place of Business  
6355 NW 36 ST,

3. Mailing Address 6355 NW 36 ST,

Suite, Apt. #, etc. Suite 507

Suite, Apt. #, etc. Suite 507

City & State Miami, FL

City & State Miami, FL

Zip 33166

Country

Zip 33166

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1101352

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MORENO, ANDRES  
10268 N.W. 56 ST.  
MIAMI, FL 33178

## 7. Name and Address of New Registered Agent

Name MORENO, ANDRES

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

6355 NW 36 ST, Suite 507

City Miami,

FL

Zip C 33166

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

*Andres Moreno*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents 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 MGR  
NAME MORENO, ANDRES ☐ Delete  
STREET ADDRESS 10268 N.W. 56 STREET  
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR  
NAME MORENO, ANDRES ☐ Change ☐ Addition  
STREET ADDRESS 6355 NW 36 ST, Suite 507  
CITY-ST-ZIP Miami, FL 33166

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

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

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

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

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

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 606, Florida Statutes.

SIGNATURE:

*Andres Moreno*

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

4-28-03 305 871 4161

Date

Daytime Phone #

CR2E083 (10/02)