

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

05-02-2003 90580 015 \*\*\*\*\*55.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000010193

1. Entity Name  
**BAYO AND ASSOCIATES, 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,  
Suite, Apt. #, etc. Suite 507**

3. Mailing Address  
**6355 NW 36 ST,  
Suite, Apt. #, etc. Suite 507**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-1073518**

Applied For  
☐ Not Applicable

Zip  
**33166**

Country

Zip  
**33166**

Country

5. Certificate of Status Desired ☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LUIS EDUARDO NIETO OLARTE  
10268 N.W. 56 STREET  
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name  
**LUIS EDUARDO NIETO OLARTE**

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

**6355 NW 36 ST, Suite 507**

City  
**Miami,**

**FL**

Zip Code  
**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

*Luis E. Nieto Olarte*

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

(NOTE: Registered Agent's 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  
**LUIS EDUARDO NIETO OLARTE**  
STREET ADDRESS  
**10268 N.W. 56 STREET**  
CITY-STATE-ZIP  
**MIAMI, FL 33178**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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10. ADDITIONS/CHANGES

TITLE  
**MGR**  
NAME  
**LUIS EDUARDO NIETO OLARTE**  
STREET ADDRESS  
**6355 NW 36 ST, Suite 507**  
CITY-STATE-ZIP  
**Miami, FL 33166**

☐ Change ☐ Addition

TITLE  
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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:

*Luis E. Nieto Olarte*

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

**4-28-03**

Date

Daytime Phone #

**305 871 4161**

CR2E083 (10/02)