

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90093 016 \*\*\*\*55.00

**DOCUMENT # L00000010329**

1. Entity Name  
**AMADEUS, L.L.C.**

Principal Place of Business  
**803 SAVANNAH FALLS DRIVE  
 WESTON FL 33327**

Mailing Address  
**803 SAVANNAH FALLS DRIVE  
 WESTON FL 33327**

2. Principal Place of Business  
**9920 NW 21 street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State

4. FEI Number **65-1090543**

Applied For  
 Not Applicable

Zip  
**33172**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENINSULA REGISTERED AGENTS, INC.  
 200 SOUTH BISCAYNE BOULEVARD, 43RD FLOOR  
 MIAMI FL 33131**

Name **Angelica Prieto**

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

**803 Savannah Falls Dr**

City **Weston**

**FL**

Zip Code **33327**

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 

(NOTE: Registered Agent signature required when reinstating)

**01-07-02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME **MGR**  
 STREET ADDRESS **PRIETO, ANGELICA**  
 CITY-ST-ZIP **803 SAVANNAH FALLS DRIVE  
 WESTON FL 33327** ☐ Delete

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

TITLE  
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 STREET ADDRESS  
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TITLE  
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 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 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**01-07-02 / 954 349 2976**

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

Date

Daytime Phone #

CR2E083 (9/01)

0014142