FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90598 049 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT UBR)

DOCUMENT # L00000010772

1. Entity Name
UNICO INTERIOR LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
14920 SW 43 ST		14920 SW 43 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FLORIDA		City & State: MIAMI FLORIDA	
Zip: 33185	Country	Zip: 33185	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 651045008 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name: PAULO CESAR MARTINEZ
Street Address (P.O. Box Number is Not Acceptable): 14920 SW 43 ST
City: MIAMI **FL** Zip Code: 33185

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 [signature] PAULO CESAR MARTINEZ 4/27/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR.
NAME	Echeverri, Nicolas
STREET ADDRESS	14920 SW 43 ST.
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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] -Nicolas H. Echeverri 4/27/02 (305)225-5729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #