

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011887

1. Entity Name

URIBE ENTERPRISES L.L.C.

Principal Place of Business

Mailing Address

226 E. Flagler St.
Miami FL 33131

226 E. Flagler St.
Miami FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1051257

Applied For

Not Applicable

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

Ruben Rojas
226 E. Flagler St.
Miami FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE \$5.00

Mail to: Division of Corporations, Tallahassee, Florida
Due by May 1, 2003

200008431672--6

-10/17/02--01083--014

*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM Norberto Zirulnikoff ☒ Delete
STREET ADDRESS 226 E. Flagler St.
CITY-ST-ZIP Miami FL 33131

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

TITLE NAME Uriel Schamy ☒ Delete
STREET ADDRESS 226 E. Flagler St.
CITY-ST-ZIP Miami FL 33131

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM Ruben Rojas ☐ Change ☒ Addition
STREET ADDRESS 226 E. Flagler St.
CITY-ST-ZIP Miami FL 33131

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 608, Florida Statutes.

SIGNATURE: *Ruben Rojas*

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

Date

Daytime Phone #

CR2E083 (9/01)

2062

URIBE ENTERPRISES, L.L.C.

Florida Department of Revenue
Jim Smith
P.O. BOX 1500
Tallahassee, FL. 32302-1500

FILED
2002 OCT 17 AM 10:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

October 9, 2002

Re: URIBE ENTERPRISES, L.L.C.
DOCUMENTO L000000011887

Enclosed please find check in the amount of \$ 55.00 for the year 2002 UNIFORM
BUSINESS REPORT. I never received the original form. I apologize for the
inconvenience this may have caused.

Sincerely,



Ruben Rojas