1 of 2

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 28 AM 10: 06

DOCUMENT # L00000011924

1. Entity Name
MIAMI UNO, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3482 MAIN HWY.<br>COCONUT GROVE FL 33133 | 6101 BLUE LAGOON DRIVE<br>#430<br>MIAMI FL 33126 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1053628 — 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 |
|---|---|
| HERMAN, ALISON P<br>C/O BREIER AND SETF, P.A.<br>2800 PONCE DE LEON BLVD #1125<br>CORAL GABLES FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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 | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BARBARA, TIPO<br>6101 BLUE LAGOON DRIVE #430<br>MIAMI FL 33126<br>☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>IRMA D'ANCONA<br>6101 Blue Lagoon Dr. Suite 430<br>Miami, FL. 33126<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LUIGI, TREGIMA<br>6101 BLUE LAGOON DRIVE #430<br>MIAMI FL 33126<br>☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BOLIS, ROLAND M<br>6101 BLUE LAGOON DRIVE #430<br>MIAMI FL 33126<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (10/02)

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 4/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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Attachment 544003198

# MIAMI UNO, LLC

L00000011924

April 28, 2003

**Florida Department of State**
**Division of Corporations**
**Uniform Business Report (UBR)**
**P.O. Box 6478**
**Tallahassee, FL. 32314-6478**

**Re: Correction**

To whom it may concern:

Please be advice that on the 28th April, 2003, we processed the UBR form an online payment for the following:

| | |
|---|---|
| Entity Name: | Miami UNO, LLC |
| Document #: | L00000011924 |
| FEI #: | 65-1053628 |
| Amount Paid: | $ 55.00 |

Herewith find changes / additions that we did not include in the same, therefore, enclosed find the correct form and a copy of the online payment.

We appreciate your help, should you have questions related to this matter, do not hesitate to contact us.

Best regards,

Roland M. Bolis
Manager

RB/js

6101 BLUE LAGOON DR. SUITE 430 • MIAMI, FL 33126
TEL: (305) 262-6226 FAX: (305) 262-6255