

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

3482 MAIN HWY.
COCONUT GROVE FL 33133

Mailing Address

6101 BLUE LAGOON DRIVE
#430
MIAMI FL 33128

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 65-1053628

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERMAN, ALISON P
C/O BREIER AND SEIF, P.A.
2800 PONCE DE LEON BLVD #1125
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBARA TITO 6101 BLUE LAGOON DRIVE #430 MIAMI FL 33128	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUGI, TREGUA 6101 BLUE LAGOON DRIVE #430 MIAMI FL 33128	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOLIS, ROLAND M 6101 BLUE LAGOON DRIVE #430 MIAMI FL 33128	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IRMA DANCONA 6101 BLUE LAGOON DR. Suite 430 MIAMI, FL 33128	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #

CR2003 (10/02)

242

Attachment ~~554~~003198
MIAMI UNO, LLC
10000001924

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:

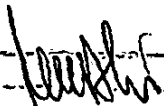
Please be advice that on the 28th April, 2003, we processed the UBR form an online payment for the following:

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/p