2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012006

1. Entity Name
MIAMI SHORES ANTIQUES, LLC

FILED
SECRETARY OF STATE
DIVISION 200319005945 ***55.00
03 JUL 14 PM 3:36

W 7/23

Principal Place of Business	Mailing Address
700 NE 90ST MIAMI FL 33138	1300 SW 122 AVE. #120 MIAMI FL 33184

2. Principal Place of Business: 700 NE 90ST
Suite, Apt. #, etc.:
City & State: Miami Florida
Zip: 33138 Country: USA

3. Mailing Address: 1300 SW 122 Ave
Suite, Apt. #, etc.: #120.
City & State: Miami Fla.
Zip: 33184 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1046689 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI SHORES ANTIQUES LLC
700 NE 90ST
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name: Roberto Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 1300 SW 122 Ave. #120
City: Miami FL Zip Code: 33184

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] 4/29/03.
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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, ROBERTO		NAME		
STREET ADDRESS	1300 S.W. 122ND AVENUE APT. 120		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184-2883		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] SIGNATURE REQUIRED 7/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #