CR2E083 (4/03)

FILED Jul 14, 2003 8:00 am

2000 LIMITED LIABILITY OF				
UNIFORM BUSINESS REPOR	T /	ı	DD.	1
UNIFUNM_BUSINESS_REFUN		v	DП	ı
		_		

DOCU 1. Entity Nam	MENT # L000	0001274					Secreta 07-14-2003 9	-		
Principal Place of Business 2580 NE MIAMI GARDENS DR. N. MIAMI BEACH FL 33180		2580 NE	Mailing Address 2580 NE MIAMI GARDENS DR. N. MIAMI BEACH FL 33180							Psa (811 188)
2. Principal P	Place of Business	3. Maili	3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	е	City 8	& State			4. FEI Num	ber 65-104900 2	2		oplied For ot Applicable
Zip	Country	Zip		Country		5. Certificat	te of Status Desired	X	\$5.00 Add Fee Require	
	6. Name and Address of	Current Registered	1 Agent			7. Name an	d Address of New R	egistere	d Agent	
	IACHO, JACQUELINE) NE MIAMI GARDENS DR	* *			ame reet Address (P.O. Box Numb	per is Not Acceptable)		
	MAMI BEACH FL 33180	<u> </u>	· · · · ·							
		¥ ∮ -	,	Cit	ty			F	Zip Cod	e e
	named entity submits this stations of registered agent. Signature, typed or printed name of regis	tered agent and title if applications of the Make	FILE NOTE Check Payabl Due By	Registered Agen	it signature required IS \$50.00 a Departmen	when reinstating)		DATE		5 GHF >
9.		MEMBERS/MANA	GERS	10.			ADDITIONS/	CHANG	ES.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMACHO, JACQUELIN 16445 COLLINS AVE., S NORTH MIAMI BEACH F	TE. 1825	☐ Delete	TITLE , NAME STREET ADD CITY-ST-ZI					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	l l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS			1.u-1	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY~ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADD CITY-ST-ZI					☐ Change	Addition
TITLE NAME			☐ Delete	TITLE		 		-	Change	☐ Addition

11. I hereby certify that the information supplied with this filling 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 for the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CÎTY-ST-ZIP

SIGNATURE:

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

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000012749

1. Entity Name

UNITED FAMILY, L.L.C.



	· · · · · · · · · · · · · · · · · · ·		40141724	
			101111001	
DO NOT WRITE	IN THIS S	DACE		
		AUL		
2. Principal Place of Business	3. Mailing Address			
2580 NE Mimi Gardende		m Gardus DR.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE
City & State	City & State	 _	4. FEI Number	Applied For
MMiam FI	W. MIAMÍ.	FI	C5-104 9002	Not Applicable
Zip 33180 Sountry DADE	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional
33180 DADE	33180	DANE	3. Certificate of Status Desired	Fee Required
		200 Late 100	7. Name and Address of Current Register	ed Agent
	SITE	Name		-
LEE DO NOTEWI	RUE	Street Address (I	P.O. Box Number is Not-Acceptable)	
INTHIS SP	ACE -	// /		
	7 9 5			
		City	F	Zip Code
 The above pamed entity submits this statement for the obligations of registered age n. 	the purpose of changing its	registered office or registere	ed agent, or both, in the State of Florida. I am	familiar with, and accept
the obligations of registered agont.	1	\mathcal{A}		1
SIGNATURE DUTULE V	2-120,00 I			
Signature, typed or priviled name of registered agent an	And company of the company of the company		DATE	
		EE 18 \$50 00		
		ie to Florida Departme		
	12 CONTRACTOR STATE OF	NE BY MAYAT		
9. MANAGING MEMBER	S/MANAGERS	And the second s		
TITLE President HAME Jaguelne Crunche		MILE		(1202
STREET ADDRESS 16445 COlling Tile	# 1825	NAME STREET ADDRESS		
CITY-ST-ZIP SUNNY IS/e FI	33/60	con st apply		
mue January 1	<u> </u>	mu		CRZE083B
NAME .		NAME .		: 1
STREET ADDRESS		STREET ACORESS		
CITY-ST-ZIP	i	cny/si-ana		
TITLE		ATTLE COLUMN TO THE PARTY OF TH	Control of the Contro	
NAME		NAME	and the second second	
STREET ADDRESS		STREET ADDRESS	LEDO NOTEWR	me ·
-CITY-SI-2IP	·	CITY ST. Dr. day		
TITLE	•	ATTLE STATE	IN THIS SPA	CE .
NAME		NAME OF THE PARTY	in time of w	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
		a consistent contraction and a strategy contraction		
TITLE				
STREET ADDRESS		NAME S STREET ADDRESS	The second second	3
CITY-ST-ZIP .		Cny Strate		
TITLE		mu de la		
NAME .		Nu#		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP 1		CIV.SI, UP. 80		
11. I nereby certify that the information supplied with the indicated on this report is true and accurate and the limited liability company or the receiver or trustee expenses.	at my signature shall have t	he same legal effect as if ma	ade under oath; that I am a managing memb	ertify that the information per or manager of the