

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90018 017 \*\*\*\*50.00

**DOCUMENT # L00000013197**

1. Entity Name

**CORSO INVESTMENTS, LIMITED LIABILITY COMPANY/L.L.C.**

Principal Place of Business

**10530 NW 26 ST. SUITE F 106  
MIAMI FL 33172**

Mailing Address

**10530 NW 26 ST. SUITE F 106  
MIAMI FL 33172**

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

**65-1053689**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SOTELO, HUGO  
1600 SW 2ND AVE  
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

**Sotelo, Hugo A.**

Street Address (P.O. Box Number is Not Acceptable)

**10530 NW 26 Street**

**Suite F-106**

City

**Miami**

**FL**

Zip Code

**33172**

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

**02/18/02**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>M</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOTELO, HUGO</b>	
STREET ADDRESS	<b>1600 SW 2ND AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	<b>M</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOTELO, NUBIA</b>	
STREET ADDRESS	<b>1600 SW 2ND AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<b>M</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sotelo Hugo A.</b>	
STREET ADDRESS	<b>7240 NW 113 Court</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE	<b>M</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sotelo, Nubia.</b>	
STREET ADDRESS	<b>7240 SW 113 Court.</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**SIGNATURE REQUIRED**

**02/18/02 305-463-6374**

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

Date

Daytime Phone #

CR2E083 (9/01)