

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90138 043 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 000 000 15745
1. Entity Name
Grupo Basico, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11401 NW 12th Street
Suite, Apt. #, etc.
124
City & State
Miami, FL
Zip
33172
Country
Miami-Dade

3. Mailing Address
901 Ponce de Leon Blvd.
Suite, Apt. #, etc.
406
City & State
Coral Gables, FL
Zip
33134
Country
Miami-Dade

4. FEI Number
65-1076252
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Marisol Costas
Street Address (P.O. Box Number is Not Acceptable)
5300 NW 114th Avenue
Apt. 210
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] DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marisol Costas 5300 NW 114th Avenue, Apt. 210 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Maria del Carmen Costas 5300 NW 114th Avenue, Apt. 210 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria Rebol 5300 NW 114th Avenue, Apt. 210 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Moises Costas 5300 NW 114th Avenue, Apt. 210 Miami, FL 33172
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DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Daytime Phone #

CR2E0838 (12/01)

Attachment

970305

Grupo Basico LLC
901 Ponce de Leon Blvd.
Suite 606
Coral Gables, FL 33134

L00000015745

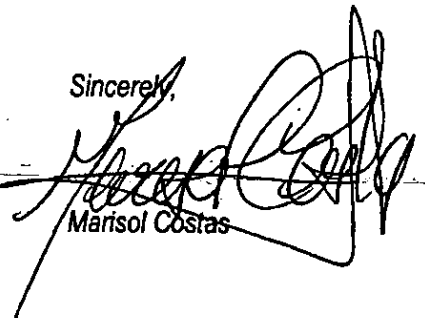
June 7, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd. Suite 606, Coral Gables, FL 33134. Accordingly we did not receive on a timely basis the Uniform Business Report for the year 2002. In addition our accountant at the time did not advise us of such requirements. We have subsequently hired a competent accountant which can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis. Attached please find a check for \$50.00 for the filing fees. We respectfully request that you abate the penalties for filing late.

Sincerely,


Marisol Costas