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-000000015745

1. Entity Name
Grupo Basico, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11401 NW 12th Street	901 Ponce de Leon Blvd.
Suite, Apt. #, etc.: 124	Suite, Apt. #, etc.: 406
City & State: Miami, FL	City & State: Coral Gables, FL
Zip: 33172 Country: Miami-Dade	Zip: 33134 Country: Miami-Dade

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS / MANAGERS

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

CR2E083B (12/01)

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment
970505

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

[redacted]

#L000000157.45

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