

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90586 033 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000001904

1. Entity Name
AUDITAR CONSULTORES LLC

Principal Place of Business
10268 NW 56 ST
MIAMI, FL 33178

Mailing Address
10268 NW 56 ST
MIAMI, FL 33178

2. Principal Place of Business
6355 NW 36 ST,

3. Mailing Address 6355 NW 36 ST,

Suite, Apt. #, etc. Suite 507

Suite, Apt. #, etc. Suite 507

City & State Miami, FL

City & State Miami, FL

Zip 33166

Country

Zip 33166

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 90-0014513

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, EDUARDO
10268 NW 56 ST
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name JIMENEZ, EDUARDO

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

6355 NW 36 ST, Suite 507

City Miami,

FL

Zip 33166

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

Eduardo Jimenez

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

TITLE PD
NAME JIMENEZ, EDUARDO ☐ Delete
STREET ADDRESS 10268 NW 56 ST
CITY-STATE-ZIP MIAMI, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE PD
NAME JIMENEZ, EDUARDO ☐ Change ☐ Addition
STREET ADDRESS 6355 NW 36 ST, Suite 507
CITY-STATE-ZIP Miami, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Eduardo Jimenez

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

4-28-03

Date

305 8714161

Daytime Phone #

CR2E083 (10/02)