

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90007 020 \*\*\*\*50.00

**DOCUMENT # L01000002186**

1. Entity Name  
**FIRENZE WHEELS, L.L.C.**



Principal Place of Business

**6695 N.W. 36TH AVE.  
MIAMI FL 33147**

Mailing Address

**6695 N.W. 36TH AVE.  
MIAMI FL 33147**

2. Principal Place of Business

**12575 Orange Dr**

Suite, Apt. #, etc.

**301**

City & State

**Davie FL**

Zip

**33330**

Country

3. Mailing Address

**12575 Orange Dr**

Suite, Apt. #, etc.

**301**

City & State

**Davie FL**

Zip

**33330**

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1085146**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENEDETTY SERRANO, MIGUEL A  
6695 N.W. 36TH AVE.  
MIAMI FL 33147**

7. Name and Address of New Registered Agent

Name **Benedetty Serrano, Miguel A**

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

**12575 Orange Drive**

**Suite 301**

City

**Davie**

**FL**

Zip Code

**33330**

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 \_\_\_\_\_ (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 **MGR**  
NAME **BENEDETTY, MIGUEL**  
STREET ADDRESS **2568 JORDAN PLACE**  
CITY-ST-ZIP **WESTON FL 33327**

☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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**

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

Date

Daytime Phone #

CR2E083 (10/02)

0054479