

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90243 038 ****50.00

DOCUMENT # L 0100000 2647

1. Entity Name

AGUIAR Enterprises LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1111 Brickell Ave.

3. Mailing Address

Suite, Apt. #, etc.

11th Floor

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FLA

City & State

4. FEI Number

65-1079578

Applied For

Not Applicable

Zip

33131

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name O. Arturo Aguiar

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

16320 SW 89th PL

City

Miami

FL

Zip Code

33167

**DO NOT WRITE
IN THIS SPACE**

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.

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	<u>MGRM</u> <u>O. Arturo Aguiar</u> <u>16320 SW 89th PL</u> <u>Miami, FL 33167</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Betty Aguiar</u> <u>16320 SW 89th PL</u> <u>Miami, FL 33167</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Alex Aguiar</u> <u>16320 SW 89th PL</u> <u>Miami, FL 33167</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>Andre Aguiar</u> <u>16320 SW 89th PL</u> <u>Miami, FL 33167</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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

O. Arturo Aguiar

Date

4-16-02

Daytime Phone #

305-278-4122

CR2E083B (12/01)