LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90999 037 ****50.00

DOCUMENT # L01000002647

1. Entity Name
AGUIAR ENTERPRISES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16320 SW 89 PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33157 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1079578 ☐ 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: O. ARTURO AGUIAR

Street Address (P.O. Box Number is Not Acceptable): 16320 SW 89 PL

City: Miami FL Zip Code: 33157

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: X _____ O. ARTURO AGUIAR X 4-23-2003 DATE

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

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

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	O. ARTURO AGUIAR	NAME	
STREET ADDRESS	16320 SW 89 PL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	BETTY AGUIAR	NAME	
STREET ADDRESS	16320 SW 89 PL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	ALEX AGUIAR	NAME	
STREET ADDRESS	16320 SW 89 PL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	ANDRE AGUIAR	NAME	
STREET ADDRESS	16320 SW 89 PL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: X _____ O. ARTURO AGUIAR X 4-23-2003 X 305-278-4122

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