

**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 # <b>L01000002647</b>                  |  |
| 1. Entity Name<br><b>AGUIAR Enterprises LLC</b> |                                                                                   |

**DO NOT WRITE IN THIS SPACE**

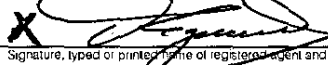
|                                                            |         |                     |         |
|------------------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business<br><b>16320 SW 89 Place</b> |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                                        |         | Suite, Apt. #, etc. |         |
| City & State<br><b>Miami FL</b>                            |         | City & State        |         |
| Zip<br><b>33157</b>                                        | Country | Zip                 | Country |

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|                                                                                          |    |                                                        |
|------------------------------------------------------------------------------------------|----|--------------------------------------------------------|
| 4. FEI Number<br><b>65-1079578</b>                                                       |    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |    |                                                        |
| 7. Name and Address of Current Registered Agent                                          |    |                                                        |
| Name <b>O. ARTURO AGUIAR</b>                                                             |    |                                                        |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>16320 SW 89 PL</b>              |    |                                                        |
| City<br><b>Miami</b>                                                                     | FL | Zip Code<br><b>33157</b>                               |

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **O. ARTURO AGUIAR** DATE **4-23-2003**

|                                                                                     |  |
|-------------------------------------------------------------------------------------|--|
| FEE IS \$50.00<br>Make Check Payable to Florida Department of State<br>DUE BY MAY 1 |  |
|-------------------------------------------------------------------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                        |                                                |                                       |
|------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>O. Arturo Aguiar<br/>16320 SW 89 PL<br/>Miami FL 33157</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>Betty Aguiar<br/>16320 SW 89 PL<br/>Miami, FL 33157</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>Alex Aguiar<br/>16320 SW 89 PL<br/>Miami, FL 33157</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>Andree Aguiar<br/>16320 SW 89 PL<br/>Miami FL 33157</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-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:  **O. ARTURO AGUIAR** DATE **4-23-2003** DAYTIME PHONE # **305-278-4122**

CR2E083B (12/02)