

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90004 023 *****55.00

0034995

DOCUMENT # L01000003597

1. Entity Name
NICOFER LLC



Principal Place of Business
**11505 SW 154 AVE.
MIAMI FL 33196**

Mailing Address
**11505 SW 154 AVE.
MIAMI FL 33196**

2. Principal Place of Business
9765 SW 143 Street
Suite, Apt. #, etc.

3. Mailing Address
9765 SW 143 Street
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33176 Country
USA

Zip
33176 Country
USA

4. FEI Number **65-1127754**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BESU, ROGER PA
1925 BRICKELL AVENUE
BRICKELL PLACE CONDOMINIUM, SUITE D-206
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **ALFONSO LUIS NICOLELLA**
STREET ADDRESS **9765 SW 143 STREET**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **MGR** ☐ Delete
NAME **IVETTE FERNANDEZ NICOLELLA**
STREET ADDRESS **9765 SW 143 STREET**
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Alfonso Luis Nicolella **REQUIRED**

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

3/26/03 (786) 5861748

Date

Daytime Phone #

CR2E063 (10/02)