

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-04-2002 90008 030 ****50.00

DOCUMENT # L01000003636

1. Entity Name

SUNSET LARIOS L.L.C.

Principal Place of Business

1195 N.W. 97TH AVENUE
 MIAMI FL 33172

Mailing Address

1195 N.W. 97TH AVENUE
 MIAMI FL 33172

86403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

FEIN 65-1090225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARBIDE, FRANCISCO J
 100 S.E. SECOND STREET
 MIAMI FL 33131

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE: President / Manager
 NAME: Quintin Larios
 STREET ADDRESS: 8475 SW 53 Ave, Miami FL 33143
 CITY-ST-ZIP: 8475 SW 53 Ave, Miami FL 33143

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

TITLE: Manager
 NAME: Maria Teresa Larios
 STREET ADDRESS: 8475 SW 53 Ave, Miami FL 33143
 CITY-ST-ZIP: 8475 SW 53 Ave, Miami FL 33143

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

TITLE: Manager
 NAME: Gonzalo J. Palenzuela
 STREET ADDRESS: 1195 NW 97 Ave., Miami FL 33172
 CITY-ST-ZIP: 1195 NW 97 Ave., Miami FL 33172

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

TITLE: Manager
 NAME: Maria A. Carreras
 STREET ADDRESS: 1195 NW 97 Ave. Miami FL 33172
 CITY-ST-ZIP: 1195 NW 97 Ave. Miami FL 33172

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

TITLE: Manager / Secretary
 NAME: Delia B. Martinez
 STREET ADDRESS: 1195 NW 97 Ave. Miami FL 33172
 CITY-ST-ZIP: 1195 NW 97 Ave. Miami FL 33172

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

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)