## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State DOCUMENT # L0100003651 1. Entity Name 05-12-2002 90592 014 \*\*\*\*50 00 COLONIAL SPEED SERVICES, L.L.C. Principal Place of Business Mailing Address 13991 SW 122 AVE., #206 13991 SW 122 AVE., #206 MIAMI FL 33186 **MIAMI FL 33186** 958037 2. Principal Place of Business 3. Mailing Address W SAMPLE 7857 W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 160 hο City & State 4. FEI Number Applied For DA NO. 92-1082863 Not Applicable 33065 \$5.00 Additional Broward 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUEVAS, ANDREW ESQ. C/O CUEVAS & RUBIN, P.A. 536 BILTMORE WAY **CORAL GABLES FL 33134** this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE M6RM ☐ Delete TITLE enange ☐ Addition **EDUARDO ENRIQUE MAS QUERALT** NAME EDUARDO ENLIGUE MAS (DENAIT NAME STREET ADDRESS 13991 SW 122 AVE., #206 LAKE VIEW DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP MGRM-TITLE TITLE Change ☐ Addition NAME JUAN LARA LA GUARDIA NAME STREET ADDRESS -13991-SW 122 AVE., #2067 STREET ADDRESS CITY-ST-ZIP < MIAMI FL 33186 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME こべいごうし STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

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

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Change

☐ Addition

☐ Addition

CR2E083 (9/01)