

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90184 035 \*\*\*\*\*50.00

**DOCUMENT # L01000004488**

1. Entity Name

**BOPOCA SONOMA II, L.L.C.**

Principal Place of Business

2121 PONCE DE LEON BLVD.  
 SUITE 240  
 CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD.  
 SUITE 240  
 CORAL GABLES FL 33134

2. Principal Place of Business

10765 NW 70TH ST  
 Suite, Apt. #, etc.

3. Mailing Address

10765 NW 70TH ST  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami

City & State

Miami

4. FEI Number

65-1087665

Applied For

Not Applicable

Zip

33178

Country

Miami Dade

Zip

33178

Country

Miami Dade

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

6. Name and Address of Current Registered Agent

PRATS, GABRIEL  
 2121 PONCE DE LEON BLVD.  
 SUITE 240  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name FRANCISCO PINILLA  
 Street Address (P.O. Box Number is Not Acceptable)  
 10765 NW 70TH ST  
 City Miami FL Zip Code 33178

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]*

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

(NOTE: Registered Agent signature required when reinstating)

03/02/02

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER FRANCISCO PINILLA 10765 NW 70TH ST MIAMI FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER GERALDINA M. ANDRADE 10765 NW 70TH ST MIAMI FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

03/02/02

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

Date

Daytime Phone #

CR2E083 (9/01)