

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

DOCUMENT # L01000006370

1. Entity Name

QUIPRI L.L.C.

03-20-2002 90040 009 ****50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4201 COLLINS AVE

3. Mailing Address

4201 COLLINS AVE

Suite, Apt. #, etc.

1901

Suite, Apt. #, etc.

1901

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL.

City & State

Miami Beach, FL.

4. FEI Number

65-1096499

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MONICA G. QUIROGA

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

4201 Collins Ave. #1901

City

Miami Beach

FL

Zip Code

33140

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

Monica Quiroga

MONICA G. QUIROGA

3/5/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Management Prigoshin, Jose 4201 Collins Ave. #1901 Miami Beach, FL. 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Member Quiroga, Marcela A. 4201 Collins Ave. #1901 Miami Beach, FL. 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Jose Prigoshin*

JOSE PRIGOSHIN

3/5/02

(305) 674-1339

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

Date

Daytime Phone #