

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90064 018 \*\*\*\*50.00

DOCUMENT # L01000006651

1. Entity Name

TUSCAN WAY, LLC



Principal Place of Business

9745 SW 72 ST  
SUITE 104  
MIAMI FL 33173  
FL

Mailing Address

2829 BIRD AVENUE  
SUITE 5, PMB 242  
COCONUT GROVE FL 33133  
FL

2. Principal Place of Business

2829 Bird Ave

Suite, Apt. #, etc.

Suite 5, PMB 242

City & State

Coconut Grove, FL

Zip

33133

Country

USA

3. Mailing Address

2829 Bird Ave

Suite, Apt. #, etc.

Suite 5, PMB 242

City & State

Coconut Grove, FL

Zip

33133

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1083309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COCOM  
PEREZ, MICHAEL  
9745 SW 72 ST  
#105  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name Perez, Michael

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

10126 W. Flagler St.

City Miami

FL

Zip Code

33174

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

7-19-03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME DARRAH, IAN  
STREET ADDRESS 2829 BIRD AVE, PMB 242  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE MGRM ☐ Delete  
NAME INNOCENTI, ISABEL  
STREET ADDRESS 2829 BIRD AVE, PMB 242  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

7-19-03 305-598-8368

CR2E083 (4/03)