2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Mar 29, 2002 8:00 am				
DOCU	JMENT # L01000				Secretary of State					
SERVI	CIOS CONSULARES, LLC	enga mus				02-26-2002 900	013 026 **	**50.00		
1492 NW 15	ace of Business 8 AVE. PINES FL 33028-2430	Mailing Address 1492 NW 158 AVE. PEMBROKE PINES FL 33028-2430								
2. Principal 4 00 3	Place of Business 1 PINES BLVD.	3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				•		DO NOT WRITE IN THIS SPACE				
City & Sta TEMPSE Zip	YOKE HIVES, FL	City & State			4. FEI Number 65- 1102698		Applied For Not Applicable			
33004 Country SA S. Name and Address of Current		Zip	Cour	ntry	Fee Re		\$5.00 A			
	G. Hallie and Address of Current	registered Agent		Name	/. Nam	e and Address of New Registered	d Agent		-	
ANTONIO MARQUEZ, JORGE 1492 NW 158 AVE.				Street Addre	treet Address (P.O. Box Number is Not Acceptable)				-	
n	MBROKE PINES FL 33028-2430				FL Zip Code]	
A The shows	a gamed online culturate this statement for		gistered office or registered agent, or both, in the State of Florida.					-}		
SIGNATURE	Signysture, typed or printed righte of registered agent as			d Agent signature requ	·	ca/	14/02			
Make Check Paya				FEE IS \$50.0 o Departmen ay 1, 2002					1	
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/CHANGE	S		1_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JORGE ANTONIO MARQUEZ 1492 NW 158 AVE REHBROKE PINES, FL 33008-2430			TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	2E083 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Oelete					Change	Addition	85	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREE	T ADORESS			☐ Change	Addition	-	
TITLE NAME STREET ADDRESS		☐ Defete	TITLE NAME STREE	T ADDRESS	#1100		☐ Change	☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS	 	<u>, , , , , , , , , , , , , , , , , , , </u>	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	^	☐ Delete	TITLE	T ADDRESS			☐ Change	Addition		
11. I hereby c	ertify that the information supplied with it on this report is true and accurate and the pility company or the receiver of trustee e	at my signature snall have the impowered to execute this rep	ne exem	ption stated in t legal effect as if required by Cha	Made under	COID: that I am a managica mamb	rtify that the in er or manage	formation r of the		