

UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90034 032 ****50.00

DOCUMENT # **L01000007459**

1. Entity Name

Philotopia, LLC

Principal Place of Business

Mailing Address

*18411 Miramar Parkway
 Weston, Florida 33029*

*18411 Miramar Parkway
 Weston, FL 33029*

2. Principal Place of Business

*1151 S.E. 7th Court
 Suite, Apt. #, etc.
 105*

3. Mailing Address

*1151 S.E. 7th Court
 Suite, Apt. #, etc.
 105*

City & State
Dania Beach, Florida

City & State
Dania Beach, Florida

Zip
33004

Country
USA

Zip
33004

Country
USA

4. FEI Number

65-1106199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*Alvaro Castillo B., P.A.
 1390 Brickell Avenue
 Suite 200
 Miami, Florida 33131*

7. Name and Address of New Registered Agent

Name
Alvaro Castillo B., P.A.
 Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue
Suite 200
 City
Miami, **FL** Zip Code
33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

| | | |
|------------------|------------------------------|--|
| TITLE MGR | <i>Angel Peche</i> | <input checked="" type="checkbox"/> Delete |
| NAME | <i>18411 Miramar Parkway</i> | |
| STREET ADDRESS | <i>Weston, Florida 33029</i> | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|------------------|--|--|
| TITLE MGR | <i>Juan Manuel Dominguez</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>1151 S.E. 7th Court, Suite 105</i> | |
| STREET ADDRESS | <i>Dania Beach, Florida 33004</i> | |
| CITY-ST-ZIP | | |
| TITLE S | <i>Alvaro Castillo C.</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>1390 Brickell Avenue, Suite 200</i> | |
| STREET ADDRESS | <i>Miami, Florida 33131</i> | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE:

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

Date Daytime Phone #

4-17-02 (505) 371-5540

CR2E083 (11/00)