

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90173 020 \*\*\*\*\*50.00

0054436

**DOCUMENT # L01000007697**

1. Entity Name

**BLACK BEAR HOLDINGS LLC**



Principal Place of Business

**8500 SW 8TH ST  
SUITE 238  
MIAMI FL 33144**

Mailing Address

**8500 SW 8TH ST  
SUITE 238  
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1103484**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LASARTE, FELIX M  
8500 SW 8 STREET  
STE 238  
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **JOSE MACHADO**  
Street Address (P.O. Box Number is Not Acceptable)  
**8500 S.W. 8 STREETS  
SUITE 238**  
City **MIAMI** FL Zip Code **33144**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS |   | 10. ADDITIONS/CHANGES |   |
|------------------------------|---|-----------------------|---|
| TITLE                        | <b>MGRM</b> <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | <b>LASARTE, FELIX M</b>                     | NAME                  |   |
| STREET ADDRESS               | <b>8500 SW 8 STREET STE 238</b>             | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | <b>MIAMI FL 33144</b>                       | CITY-ST-ZIP           |   |
| TITLE                        | <b>MGRM</b> <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | <b>MACHADO, JOSE LUIS III</b>               | NAME                  |   |
| STREET ADDRESS               | <b>8500 SW 8 STREET STE 238</b>             | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | <b>MIAMI FL 33144</b>                       | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete             | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete             | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete             | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  |   |
| STREET ADDRESS               |   | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |   | 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)(l), 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**

**4/24/03**

**305-261-5305**

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

Date

Daytime Phone #

CR2E083 (10/02)