

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90039 001 ****50.00

DOCUMENT # L01000008015

1. Entity Name

MADEIRA INVESTMENTS, LLC

Principal Place of Business

**6820 INDIAN CREEK DR., APT. 302
 MIAMI BEACH FL 33131**

Mailing Address

**6820 INDIAN CREEK DR., APT. 302
 MIAMI BEACH FL 33131**

2. Principal Place of Business

9610 S.W. 8 STREET

3. Mailing Address

9610 S.W. 8 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-1106240

Applied For

Not Applicable

Zip

33174

Country

USA

Zip

33174

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE. 125
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **HECTOR J. PIRES**

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

9610 S.W. 8 STREET

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

2/21/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **ALBERTO PIRES, CARLOS**
 STREET ADDRESS **6820 INDIAN CREEK DR., APT. 302**
 CITY-ST-ZIP **MIAMI BEACH FL 33131**

TITLE **MGR** ☐ Delete
 NAME **JOSE PIRES, HECTOR**
 STREET ADDRESS **6820 INDIAN CREEK DR., APT. 302**
 CITY-ST-ZIP **MIAMI BEACH FL 33131**

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 **MANAGER** ☒ Change ☐ Addition
 NAME **GOUVEIA, ANTONIO**
 STREET ADDRESS **9610 S.W. 8 STREET**
 CITY-ST-ZIP **MIAMI, FL. 33174**

TITLE **MANAGER** ☐ Change ☐ Addition
 NAME **PIRES, HECTOR J.**
 STREET ADDRESS **9610 S.W. 8 STREET**
 CITY-ST-ZIP **MIAMI, FL. 33174**

TITLE **MANAGER** ☐ Change ☒ Addition
 NAME **NUNES, MANUEL**
 STREET ADDRESS **9610 S.W. 8 STREET**
 CITY-ST-ZIP **MIAMI, FL. 33174**

TITLE **MANAGER** ☐ Change ☒ Addition
 NAME **PEREIRA, SILVERIO**
 STREET ADDRESS **9610 S.W. 8 STREET**
 CITY-ST-ZIP **MIAMI, FL. 33174**

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 608, Florida Statutes.

SIGNATURE:

[Signature] **HECTOR J. PIRES**

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

2/21/02 305-226-3500

DATE Daytime Phone #

CR2E083 (9/01)