

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000008750**

1. Entity Name
OPEN VALLEY, LLC

FILED
02 AUG 22 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6431 MAIN ST., UNI 3-307 MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **10046 DORAL BLVD** 3. Mailing Address **10046 DORAL BLVD**
Suite, Apt. #, etc.

City & State **MIAMI FL** City & State **MIAMI FL** 4. FEI Number **05-1110346** Applied For Not Applicable
Zip **33178** Country **USA** Zip **33178** Country **USA** 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent **SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134** 7. Name and Address of New Registered Agent
Name **THE BUSINESS SUCCESS GROUP, INC.**
Street Address (P.O. Box Number is Not Acceptable) **2150 CORAL WAYER FIKS1 FLOOR**
City **MIAMI BEACH** FL Zip Code **33145**

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]* DATE **8/30/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002
100007316291--8
-08/23/02--01065--004
*******50.00 *****50.00**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZPURUA, FERNANDO 6431 MAIN ST., UNI 3-307 MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10046 DORAL BLVD. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZPURUA, BLANCA 6431 MAIN ST., UNI 3-307 MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10046 DORAL BLVD MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **FERNANDO AZPURUA** OPERATING MANAGER DATE: **8/28/02** PHONE: **305-7101117**

0050402

CR2E083 (9/01)