

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90211 031 \*\*\*\*50.00

**DOCUMENT # L010Q0008800**

1. Entity Name

**ALPHAMAC LLC**

Principal Place of Business

**905 BRICKELL BAY DR  
 SUITE 1424  
 MIAMI FL 33131**

Mailing Address

**905 BRICKELL BAY DR  
 SUITE 1424  
 MIAMI FL 33131**

2. Principal Place of Business

**18336 N.W. 68 AVENUE**

3. Mailing Address

**18336 N.W. 68 AVENUE**

Suite, Apt. #, etc.

**Suite, I**

Suite, Apt. #, etc.

**Suite, I**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33015**

Country

**USA**

Zip

**33015**

Country

**USA**

4. FEI Number

**65-111877**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ESCOBEDO, DAMIAN E  
 905 BRICKELL BAY DR.  
 SUITE 1424  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Escobedo, Damian E**

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

**18336 N.W. 68 AVENUE**

Suite, I

City

**Miami**

**FL**

Zip Code

**33015**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

|                |   |  |
|----------------|---|--|
| TITLE          | <b>MGR</b>                              | <input type="checkbox"/> Delete            |
| NAME           | <b>Diego H. Lombardero</b>              |  |
| STREET ADDRESS | <b>905 Brickell Bay Drive, No. 1424</b> |  |
| CITY-ST-ZIP    | <b>Miami, Florida 33131</b>             |  |
| TITLE          | <b>MGR</b>                              | <input type="checkbox"/> Delete            |
| NAME           | <b>Damian E. Escobedo</b>               |  |
| STREET ADDRESS | <b>905 Brickell Bay Drive, No. 1424</b> |  |
| CITY-ST-ZIP    | <b>Miami, Florida 33131</b>             |  |
| TITLE          | <b>MGR</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>Vicente Cirillo</b>                  |  |
| STREET ADDRESS | <b>905 Brickell Bay Drive, No. 1424</b> |  |
| CITY-ST-ZIP    | <b>Miami, Florida 33131</b>             |  |
| TITLE          | <b>MGR</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>Edvarado Piva</b>                    |  |
| STREET ADDRESS | <b>905 Brickell Bay Drive, No. 1424</b> |  |
| CITY-ST-ZIP    | <b>Miami, Florida 33131</b>             |  |
| 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          | <b>MGR</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Diego H. Lombardero</b>            |  |
| STREET ADDRESS | <b>18336 N.W. 68 AVENUE, Suite, I</b> |  |
| CITY-ST-ZIP    | <b>Miami, Florida 33015</b>           |  |
| TITLE          | <b>MGR</b>                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Damian E. Escobedo</b>             |  |
| STREET ADDRESS | <b>18336 N.W. 68 AVENUE, Suite, I</b> |  |
| CITY-ST-ZIP    | <b>Miami, Florida 33015</b>           |  |
| 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    |                                       |  |

CR2E083 (9/01)

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] SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
**Damian E. Escobedo, Manager, 4/26/02 786-223-2498**  
 Date Daytime Phone #