

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90004 049 \*\*\*\*50.00

**DOCUMENT # L01000009048**

1. Entity Name

**RESTAURANTE LA BROCHE LLC**



Principal Place of Business

Mailing Address

**701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131**

**701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131**

2. Principal Place of Business

**1155 Brickell Bay Dr.**

3. Mailing Address

**1155 Brickell Bay Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, Fl**

City & State

**Miami, Fl**

Zip

**33131**

Country

Zip

**33131**

Country

4. FEI Number **65-1123620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
SUITE 3000  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **IDA C OVIES**

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

**2307 Douglas Rd #400**

City **MIAMI**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **IDA C OVIES**

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

(NOTE: Registered Agent signature required when reinstating)

**2/16/03**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR URIARTE-ODRIOZOLA, JUAN MARIA 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SALAVERRI-ARANEGUI, EMILIO 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CORTE-MUNOZ, MARIA JOSE 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1155 BRICKELL BAY DR #101 MIAMI FLA 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1155 BRICKELL BAY DR #101 MIAMI FLA 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1155 BRICKELL BAY DR #101 MIAMI FLA 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 REQUIRED****

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

Date

Daytime Phone #

0013441

CR2E083 (10/02)