

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90080 031 ****50.00

DOCUMENT # L01000009486

1. Entity Name
BILLEN ADVERTISING, LLC

Principal Place of Business

**18851 N.E. 29TH AVE.
 AVENTURA FL 33180**

Mailing Address

**18851 N.E. 29TH AVE.
 AVENTURA FL 33180**

2. Principal Place of Business

10520 NW 26TH ST.

Suite, Apt. #, etc.

SUITE C-201

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

33172

MIAMI-DADE

4. FEI Number

65-1118807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FILINGS INC.
 3732 NORTHWEST 16TH STREET
 FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name **JOSE E. CABANAS**

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

10520 NW 26TH STREET - C-201

City

MIAMI

FL

Zip Code

33172

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

1/29/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
 NAME **HAWLEY, XAVIER**
 STREET ADDRESS **18851 N.E. 29TH AVE.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Change ☒ Addition
 NAME **JOSE E. CABANAS**
 STREET ADDRESS **10520 NW 26TH STREET C-201**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

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

1/29/02 (305) 513-3499

Date

Daytime Phone #

CR2E083 (9/01)