

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90065 015 ****50.00

DOCUMENT # L01000009677

1. Entity Name

PREMIER ESTATES, LLC



DO NOT WRITE IN THIS SPACE

20020314

2. Principal Place of Business
12900 SW 128 STREET

3. Mailing Address
12900 SW 128 STREET

Suite, Apt. #, etc.
#205

Suite, Apt. #, etc.
#205

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-1142413

Applied For
Not Applicable

Zip
33186

Country

Zip
33186

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name EDGAR SABBAGH

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

12900 SW 128 STREET, #205

City MIAMI

FL

Zip Code
33186

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

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

EDGAR SABBAGH

01/23/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGMR
EDGAR SABBAGH
12900 SW 128 ST #205, Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
HECTOR J. GARCIA
12900 SW 128 ST #205, Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
ALFREDO MATERA
12900 SW 128 ST #205, Miami, FL 33186

TITLE
NAME
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CITY - ST - ZIP

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

Edgar Sabbagh Managing Memt 01/23/03

Date

Daytime Phone #

CR2E083B (12/02)