

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90026 045 ****55.00

DOCUMENT # L01000009888

1. Entity Name

ARIZO HOLDINGS L.C.



Principal Place of Business

Mailing Address

~~338 MINORCA AVE.~~
~~CORAL GABLES FL 33134~~

~~338 MINORCA AVE.~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

4801 S UNIVERSITY DR.

3. Mailing Address

4801 S UNIVERSITY DR.

Suite, Apt. #, etc.

263

Suite, Apt. #, etc.

263

City & State

DAVIE, FL.

City & State

DAVIE, FL.

Zip

33328

Country

USA

Zip

33328

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1137161**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~INTERNAL REG. AGENTS CORP.~~
~~338 MINORCA AVE.~~
~~CORAL GABLES FL 33134~~

Name

ARMANDO RIZO

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

4801 S UNIVERSITY DR. #263

City

DAVIE

FL

Zip Code

33328

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 28-03

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **GABEZA, MANUEL-E**
STREET ADDRESS **338 MINORCA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **MGR** ☐ Delete
NAME **RIZO, ARMANDO**
STREET ADDRESS **CARRERA 13 #77-22 OF 603**
CITY-ST-ZIP **STA FE BOGOTA CO**

TITLE **MGR** ☒ Change ☐ Addition
NAME **RIZO, ARMANDO**
STREET ADDRESS **4801 S UNIVERSITY DR. #263**
CITY-ST-ZIP **DAVIE, FL. 33328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **REQUIRED**

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

Date

Daytime Phone #

FEB 28-03

CR2E083 (10/02)

0015348