

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90062 024 \*\*\*\*55.00

**DOCUMENT # L01000010227**

1. Entity Name

**EDULAT LLC**



Principal Place of Business

**C/O SOFIA POWELL-COSIO PA  
1900 S.W. 3RD AVE.  
MIAMI FL 33129**

Mailing Address

**C/O SOFIA POWELL-COSIO PA  
1900 S.W. 3RD AVE.  
MIAMI FL 33129**

2. Principal Place of Business

**2700 Glades Circle, West-  
ton Commercial Center  
Suite C-144**

3. Mailing Address

**1322 Crossbill Ct.**

Suite, Apt. #, etc.

City & State

**Weston, FL**

**Weston, FL**

Zip

**33327**

Country

**USA**

Zip

**33327**

Country

**USA**

4. FEI Number

**65-1118979**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**POWELL-COSIO, SOFIA  
1390 BRICKELL AVE. SUITE 200  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**TULIO CASTELLANOS**

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

**1322 Crossbill Ct.**

City

**Weston**

**FL**

Zip Code

**33327**

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

*Tulio Castellanos*

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

NOTE: Registered Agent signature required when reinstating.

**1/27/2003**

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 ☐ Delete  
NAME **MGR**  
STREET ADDRESS **CASTELLANOS, TULIO**  
CITY-ST-ZIP **1390 BRICKELL AVE. SUITE 200  
MIAMI FL 33131**

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **MOLERO, AZALIA**  
CITY-ST-ZIP **1390 BRICKELL AVE. SUITE 200  
MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Tulio Castellanos*

**1/27/2003**

**954-217-7278**

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

Date

Daytime Phone #

CR2E083 (10/02)