

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90082 006 \*\*\*\*50.00

**DOCUMENT # L01000010530**

1. Entity Name

**747 PONCE, LLC**

Principal Place of Business

**747 PONCE DE LEON BLVD., STE. 612  
 C/O SERGIO MACIA  
 CORAL GABLES FL 33134**

Mailing Address

**747 PONCE DE LEON BLVD., STE. 612  
 C/O SERGIO MACIA  
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**22-3835600**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

**Frank Quesada, Esq.**

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

**1313 Ponce De Leon, Blvd**

**Suite 200**

City

**Coral Gables**

**FL**

Zip Code  
**33134**

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)

**3/28/02**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **V.P.** ☐ Delete  
 NAME **Sergio Macia**  
 STREET ADDRESS **747 Ponce de Leon Blvd. #612**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 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  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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 606, Florida Statutes.

SIGNATURE: **Sergio Macia**

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

**3/19/02**

DATE

**(305) 374-1515**

Daytime Phone #

CR2E083 (9/01)