

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90009 017 \*\*\*\*\*50.00

**DOCUMENT # L01000010591**

1. Entity Name

**JUPA GROUP, L.L.C.**



Principal Place of Business

**MELAND & RUSSIN PA-2420-1ST UNION FIN CTR  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**

Mailing Address

**MELAND & RUSSIN PA-2420-1ST UNION FIN CTR  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**200 S. Biscayne Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3000**

City & State

**miami, FL**

Zip

Country

**33131**

Country

**U.S.**

4. FEI Number **65-1119832**

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

7. Name and Address of New Registered Agent

**MELAND & RUSSIN, P.A.  
2420 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**

**Melend Russin Helinger & Budwick, P.A.  
3000 Biscayne Financial Center  
200 S. Biscayne Blvd.  
City: **miami** FL **33131****

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)

**MACH MELAND**

**3/21/03**

DATE

**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 **ROGERS, PATRICIA**  
STREET ADDRESS **4531 ROSA AVE 1526 SHADEN ST**  
CITY-ST-ZIP **MIAMI BEACH FL 33140 San Francisco CA**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **1526 SHADEN ST**  
CITY-ST-ZIP **San Francisco CA 94117**

TITLE **MGR** ☐ Delete  
NAME **ROGERS, JULIE**  
STREET ADDRESS **4531 ROSA DR**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS **1526 SHADEN ST**  
CITY-ST-ZIP **San Francisco CA 94117**

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  
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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:

**SIGNATURE REQUIRED JULIE ROGERS 4/2/03**

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

Date

Daytime Phone #

CR2E083 (10/02)