

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

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90589 043 \*\*\*\*55.00

DOCUMENT # L01000011111

1. Entity Name

STREET FURNITURE OF FLORIDA, L.L.C.

**DO NOT WRITE IN THIS SPACE**

957858

2. Principal Place of Business

444 Brickell Avenue

Suite, Apt. #, etc.

Suite 600

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

444 Brickell Avenue

Suite, Apt. #, etc.

Suite 600

City & State

Miami, FL

Zip

33131

Country

USA

4. FEI Number

65-1157009

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

William G. Salim, Jr., Esq.

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

Moskowitz, Mandell, Salim & Simowitz, P.A.

800 Corporate Drive, Suite 510

City

Fort Lauderdale

FL

Zip Code  
33334

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.

William G. Salim, Jr.

4/26/02  
DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME Publicidad Sarmiento of South Florida Inc.  
STREET ADDRESS 444 Brickell Avenue, Suite 600  
CITY-ST-ZIP Miami, FL 33131

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**DO NOT WRITE  
IN THIS SPACE**

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

ALBERTO WAISMAN

4/25/02

305-400-7355

Date

Daytime Phone #