

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90749 025 ****50.00

DOCUMENT # L01000011419

1. Entity Name

SERVICIOS SANTA BARBARA L.C.



Principal Place of Business

Mailing Address

**338 MINORCA AVENUE
CORAL GABLES FL 33134**

**338 MINORCA AVENUE
CORAL GABLES FL 33134**

2. Principal Place of Business

2588 SW 27th AVE

3. Mailing Address

2588 SW 27th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

Zip

33133

Country

U.S.

Zip

33133

Country

U.S.

4. FEI Number

02-0538593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INTERNATIONAL REG AGENTS CORP.
338 MINORCA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

ANTONIO GARCIA

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

2588 S.W. 27th AVE

City

Miami

FL

Zip Code

33133

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

4/12/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CAMILO	
STREET ADDRESS	TRANSVERSAL 20 #121-13 APT 204	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	REYES, ALBERTO	
STREET ADDRESS	DIAGONAL 127A #22-27	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RINCON, GLORIA	
STREET ADDRESS	DIAGONAL 127A #21-27	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	AVENIDA 9 #117-20, OFC. 702	
CITY-ST-ZIP	BOGOTA, Colombia	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/14/03

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

Date

Daytime Phone #

CR2E083 (10/02)

0015287