

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90012 009 *****50.00

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1. Entity Name

7130 RUE VERSAILLE DRIVE HOLDINGS, L.L.C.



Principal Place of Business

10800 BISCAYNE BLVD. #770
C/O ABARHAM CHEHEBAR
MIAMI FL 33161

Mailing Address

10800 BISCAYNE BLVD. #770
C/O ABARHAM CHEHEBAR
MIAMI FL 33161

2. Principal Place of Business

10800 Biscayne Blvd
Suite, Apt. #, etc.
770

3. Mailing Address

10800 Biscayne Blvd
Suite, Apt. #, etc.
770

City & State

Miami, FL

City & State

Miami, FL

Zip

33161

Country

U.S.A.

Zip

33161

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1123775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEHEBAR, ABRAHAM
10800 BISCAYNE BLVD. #770
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
STREET ADDRESS TRADEPRO HOLDINGS, LLC
CITY-ST-ZIP 10800 BISCAYNE BLVD. #770
MIAMI FL 33161 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS Casabonca Management & Investments, Inc.
CITY-ST-ZIP 10800 Biscayne Blvd #770
Miami, FL 33161

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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

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

Date

Daytime Phone #

CR2E083 (4/03)