

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90164 035 \*\*\*\*\*50.00

**DOCUMENT # L01000012936**

1. Entity Name

**PRESSTO OF FLORIDA, L.L.C.**

Principal Place of Business

**13500 S.W. 77TH AVENUE  
 MIAMI FL 33156**

Mailing Address

**13500 S.W. 77TH AVENUE  
 MIAMI FL 33156**

2. Principal Place of Business

**8862 SW, 129 TR**

3. Mailing Address

**8862 SW, 129 TR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-1137604**

Applied For

☐ Not Applicable

Zip

**33176**

Country

**USA**

Zip

**33176**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBERNI, PEDRO L  
 4649 PONCE DE LEON BLVD., #404  
 CORAL GABLES FL 33146**

Name

**VIVIAN VASQUEZ**

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

**13500 SW 77 Av.**

City  
**MIAMI**

**FL**

Zip Code  
**33156**

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

**VIVIAN VASQUEZ - MANAGING MEMBER**

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CORSEC S.L. GENERAL LACY #1 28010 MADRID, ESPANA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DE MARCHENA, JORGE AVENIDA LA COLINA RESIDENCIA LOS SAMANES CARACAS, VENEZUELA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM THE DE MARCHENA'S FAMILY TRUST #1 13500 S.W. 77TH AVENUE MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DE MARCHENA, ELSA ONE GROVE ISLE ROAD #1210, BLDG. A MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: VIVIAN VASQUEZ**

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

**3/7/2002 (305)969-9900**

Date

Daytime Phone #

CR2E083 (9/01)