

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90025 035 ****55.00

DOCUMENT # **L01000013906**

1. Entity Name

CARMA LLC



Principal Place of Business 780 NORTHWEST LEJEUNE ROAD, STE. 516 MIAMI FL 33126	Mailing Address 780 NORTHWEST LEJEUNE ROAD, STE. 516 MIAMI FL 33126
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1134841**

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

**PIEDRA, AURELIO A
780 NW LE JEUNE RD
516
MIAMI FL 33126**

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 May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MGR	<input type="checkbox"/> Delete
NAME RUIZ, CARLOS A	
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD, STE. 516	
CITY-ST-ZIP MIAMI FL 33126	

TITLE MGRV	<input type="checkbox"/> Delete
NAME GOTTERT, CARLOS	
STREET ADDRESS 780 NORTHWEST LEJEUNE ROAD, STE. 516	
CITY-ST-ZIP MIAMI FL 33126	

TITLE S	<input type="checkbox"/> Delete
NAME CEJAS, JOSE	
STREET ADDRESS 780 NW LEJEUNE RD	
CITY-ST-ZIP MIAMI FL 33126	

TITLE T	<input type="checkbox"/> Delete
NAME RUIZ, CARLOS A	
STREET ADDRESS 780 NW LE JEUNE RD.	
CITY-ST-ZIP MIAMI FL 33126	

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 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
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STREET ADDRESS	
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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 of assets empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Handwritten Signature]

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)