FILED
03 MAR 12 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014270

1. Entity Name
MIAMI STARTERS LLC

200014098022
03/14/03--01099--007 **55.00

Principal Place of Business	Mailing Address
3550 BISCAYNE BLVD SUITE 604 MIAMI, FL 33137	3550 BISCAYNE BLVD SUITE 604 MIAMI, FL 33137

2. Principal Place of Business: 19998 NE 5 CT	3. Mailing Address: 19998 NE. 5. CT.
Suite, Apt. #, etc.: 5-C	Suite, Apt. #, etc.: 5-C
City & State: MIAMI - FL	City & State: MIAMI-FL
Zip: 33179 Country: USA	Zip: 33179 Country: 33179

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 80-0004769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLICHEVSKY, CLAUDIO ARIEL
3550 BISCAYNE BLVD.
SUITE 604
MIAMI, FL 33137

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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLICHEVSKY, CLAUDIO A 3550 BISCAYNE BLVD. - SUITE 604 MIAMI, FL 33137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLAUDIO CLICHEVSKY 19998 NE 5 CT. 5-C MIAMI, FL 33179 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. VALERIA CLICHEVSKY SAME ☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/12 ☐ Change ☐ Addition

CR2E083 (10/02)

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 Date Daytime Phone #