

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90060 039 \*\*\*\*55.00

**DOCUMENT # L01000014759**

1. Entity Name

**ARTE PRIMERO ENTERPRISE, L.L.C.**

Principal Place of Business

**3250 MARY ST  
 SUITE 303  
 MIAMI FL 33133**

Mailing Address

**3250 MARY ST  
 SUITE 303  
 MIAMI FL 33133**

2. Principal Place of Business

**3500 S. MOORING WAY**  
 Suite, Apt. #, etc.

3. Mailing Address

**3500 S. MOORING WAY**  
 Suite, Apt. #, etc.

City & State

**COCONUT GROVE**

Zip  
**33133**

Country

**FLORIDA**

City & State

**COCONUT GROVE**

Zip  
**33133**

Country

**FLORIDA**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MALE, MICHAEL H ESQ  
 MICHAEL H. MALE, P.A.  
 3250 MARY ST SUITE 303  
 MIAMI FL 33133**

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.

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 NASREDDINE, MARLENE  
 3250 MARY ST SUITE 303  
 MIAMI FL 33133** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 TERASAKI, GEORGE  
 3250 MARY ST SUITE 303  
 MIAMI FL 33133** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR.  
 NASREDDINE, MARLENE  
 3500 S. MOORING WAY  
 COCONUT GROVE, FLORIDA 33133** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 TERASAKI, GEORGE  
 3500 S. MOORING WAY  
 COCONUT GROVE, FLORIDA 33133** ☐ Change ☐ Addition

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

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

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

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

**SIGNATURE REQUIRED**

Date

Daytime Phone #

**1/28/02** **(305) 648-3499**

CP2E083 (9/01)