

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90081 009 \*\*\*\*50.00

DOCUMENT # L01000014931

1. Entity Name

7744 COLLINS, L.L.C.



**DO NOT WRITE IN THIS SPACE**

30056891

2. Principal Place of Business

300 Aragon Ave.

3. Mailing Address

300 Aragon Ave.

Suite, Apt. #, etc.

Suite 330

Suite, Apt. #, etc.

Suite 330

City & State

Coral Gables, Fl.

City & State

Coral Gables, Fl.

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-1145534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Pablo Corazzini

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

1865 Brickell Ave.

Apt. # A - 1814

City

Miami,

FL

Zip Code

33129

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.

Pablo Corazzini  
Managing Member

SIGNATURE

4-15-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
Pablo Corazzini  
1865 Brickell Ave., A-1814  
Miami, Fl. 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
Roberto Romagnoli  
5025 Collins Ave., # 1501  
Miami Beach, Fl. 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Pablo Corazzini  
Managing Member

4-15-03

305-567-0602

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

Date

Daytime Phone #

CR2E083B (12/02)