

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90092 025 \*\*\*\*\*50.00

6336270

**DOCUMENT # L01000015073**

1. Entity Name

**MURANO J 508, L.L.C.**



Principal Place of Business

**2033 NE 14TH CT.  
FT. LAUDERDALE FL 33304**

Mailing Address

**2033 NE 14TH CT.  
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

**90 ALTON ROAD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 710**

City & State

**MIAMI BEACH - FLORIDA**

Zip

Country

Zip

Country

**33139**

**EE.UU.**

4. FEI Number **65-1134522**

Applied For

Not Applicable

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

**GUZMAN, MARIO L  
9010 SOUTHWEST 137TH AVE.  
SUITE 206  
MIAMI FL 33186**

Name

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

**9130 S. DADELANA BLVD. SUITE # 1504**

City

**Miami**

State

**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. 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  
**MGR  
CARSETTI, LARA ELISA  
TALCAHUANO 860 FLOOR 4 APT. #1  
BUENOS AIRES, ARGENTINA**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PIRONIO, RONAN E  
2033 NE 14TH CT.  
FT. LAUDERDALE FL 33304**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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**

**01/16/2003**

**(786) 287-2884**

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

Date

Daytime Phone #

CR2E083 (10/02)