

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90052 026 ****50.00

DOCUMENT # L01000015377



1. Entity Name
NICO DEVELOPER, L.L.C.

Principal Place of Business
**1135 97TH STREET UNIT 5
BAY HARBOR ISLANDS FL 33154**

Mailing Address
**MCO: 593. 4440 NW 73 AVENUE
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1137807**

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

**CUEVAS, ANDREW ESQ
536 BILTMORE WAY
CORAL GABLES FL 33134**

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 **MGRM** ☐ Delete
NAME **GUTIERREZ, ANTONIO**
STREET ADDRESS **1135 97TH ST UNIT 5**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **GUTIERREZ ANTONIO**
STREET ADDRESS **3718 NW 12 TERRACE**
CITY-ST-ZIP **MIAMI FLORIDA 33126**

TITLE ☐ Change ☒ Addition
NAME **MANAGER**
STREET ADDRESS **SORAYA GUTIERREZ**
CITY-ST-ZIP **AV 14B #57-37 URB. RICAUTER MARACAIBO VENEZUELA 4002**

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

TITLE ☐ Change ☐ Addition
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

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

3-20-2003 786 2855855

Date

Daytime Phone #

CR2E083 (10/02)