

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015479

1. Entity Name

COURRIEX, L.L.C.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90050 037 ****50.00

80102465



DO NOT WRITE IN THIS SPACE

Principal Place of Business

536 BILTMORE WAY
CORAL GABLES FL 33134

Mailing Address

536 BILTMORE WAY
CORAL GABLES FL 33134

2. Principal Place of Business

7303 SW 97th Avenue

Suite, Apt. #, etc.

3. Mailing Address

7303 SW 97th Avenue

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number

65-1137824

Applied For

Not Applicable

Zip
33173

Country
U.S.A.

Zip
33173

Country
U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ROBERTO
536 BILTMORE WAY
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Andrew Cuevas, Esq.

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

536 Biltmore Way

City Coral Gables

FL

Zip Code 33134

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)

4/20/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DA SILVA, EDMUNDO
STREET ADDRESS 536 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGRM ☐ Delete
NAME CADENAS, NEREIDA
STREET ADDRESS 536 BILTMORE WAY
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☐ Addition
NAME Edmundo Da Silva
STREET ADDRESS 7303 SW 97th Avenue
CITY-ST-ZIP Miami, Florida 33173

TITLE MGRM ☐ Change ☐ Addition
NAME Nereida Cadenas
STREET ADDRESS 7303 SW 97th Avenue
CITY-ST-ZIP Miami, Florida 33173

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4/20/02

(305) 598-0006

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

Date

Daytime Phone #

CR2E083 (9/01)