

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90018 040 \*\*\*\*50.00

**DOCUMENT # LO1000015610**

1. Entity Name

**NAVARRO & SON'S CONSTRUCTION, L.L.C.**

Principal Place of Business

**9415 S.W. 72ND STREET  
SUITE 111-A  
MIAMI FL 33173**

Mailing Address

**9415 S.W. 72ND STREET  
SUITE 111-A  
MIAMI FL 33173****86096**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

☒ Applied For  
☐ Not Applicable5. 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

**LOPEZ-AGUIAR, HENRY A ESQ.  
9415 S.W. 72ND STREET  
SUITE 111-A  
MIAMI FL 33173**

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Manager Nestor Navarro, Jr. 413 Interamerican Blvd., WH1 Laredo, Texas 78045, PMB MX018-169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Manager Daisy T. Navarro 413 Interamerican Blvd., WH1 Laredo, Texas 78045, PMB MX018-169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**HENRY A. LOPEZ-AGUIAR**  
**Henry A. Lopez-Aguilar**

Date

Daytime Phone #

CR2E083 (9/01)