

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 024 ****50.00

DOCUMENT # L01000016036

1. Entity Name

JULICA L.C.



Principal Place of Business

Mailing Address

~~338 MINORCA AVENUE
CORAL GABLES FL 33134~~

~~338 MINORCA AVENUE
CORAL GABLES FL 33134~~

2. Principal Place of Business

2588 S.W. 27TH AVE

3. Mailing Address

2588 SW 27TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33133

Country

U.S.

Zip

33133

Country

U.S.

4. FEI Number

04-3593500

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

~~INTERNATIONAL REGISTERED AGENTS CORP.
338 MINORCA AVENUE
CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name

ANTONIO GARCIA

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

2588 SW 27TH AVE

City

MIAMI - FL

FL

Zip Code

33133

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)

4-4-03

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **CABEZA, MANUEL E.**
STREET ADDRESS **338 MINORCA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGR** ☐ Delete
NAME **PRIETO, MARCOS O**
STREET ADDRESS **CRA 60 NO 16-35**
CITY-ST-ZIP **BOGOTA, COLOMBIA**

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

Date

Daytime Phone #

4-4-03

CR2E083 (10/02)

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