

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016210

1. Entity Name

CORBAN ENTERPRISES, LLC

Principal Place of Business

2389 N.W. 32ND STREET
MIAMI FL 33142

Mailing Address

2389 N.W. 32ND STREET
MIAMI FL 33142

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1139294

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEORGE DEXTER F
3475 SHERIDAN STREET
307
HOLLYWOOD FL 33021

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	SECRETARY/TREASURER ☐ Delete MARGARITA DIAZ managing member 2389 NW 32 ST MIAMI FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ☐ Delete ERIC DORADO managing member 1026 SW 2 Avenue Apt 2 MIAMI FL 33136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Officer ☐ Delete Jesus Del Cristo managing member 7400 SW 137 CT MIAMI FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Officer ☐ Delete Corbuelo Del Cristo managing member 7400 SW 137 CT MIAMI FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT ☐ Delete GIOVANNI DEL CRISTO managing member 7400 SW 137 CT MIAMI FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: *Margarita Diaz*

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

Date

Daytime Phone #

now known as Margarita Diaz
as of 7/2/02 signed

FILED

02 OCT 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DO NOT WRITE IN THIS SPACE

CPRE083 (9/01)