

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-25-2003 90087 014 ****50.00

DOCUMENT # L01000017487

1. Entity Name

NATIONAL LITHO, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7700 N.W. 37 Ave

Suite, Apt. #, etc.

3. Mailing Address

7700 N.W. 37 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1146647

Applied For

Not Applicable

Zip

33147

Country

USA

Zip

33147

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose Villanueva

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

7700 N.W. 37 Ave

City

MIAMI

FL

Zip Code

33147

**DO NOT WRITE
IN THIS SPACE**

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

Jose Villanueva

2/11/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jose Villanueva (MGRM)
7201 W. TROON Circle
MIAMI LAKES, FL. 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
MANUEL MANZANO (MGRM)
8845 S.W. 76 TERRACE
MIAMI, FL. 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
CARLOS VALDEZ (MGRM)
9650 S.W. 68th AVE
MIAMI, FL. 33156

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CR2E083B (12/02)

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:

Jose Villanueva

2/11/03

305-835-7600

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

Date

Daytime Phone #