

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90095 005 ****50.00

DOCUMENT # L01000017551

1. Entity Name
NYC2MIA, L.L.C.

Principal Place of Business
4290 SW 4TH STREET
MIAMI FL 33134

Mailing Address
4290 SW 4TH STREET
MIAMI FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. S/A		Suite, Apt. #, etc. S/A	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1147920	Applied For ☐ Additional Fee Required
5. Certificate of Status Desired ☐ \$5.00	

6. Name and Address of Current Registered Agent

CORDERO, ANA DIAZ
9485 SUNSET DR., A-292
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **S/A**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, PATRICIA L 323 SW 48TH CT. MIAMI FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, GABRIELA R 4240 SW 4TH ST. MIAMI FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, OSCAR 4290 SW 4TH STREET MIAMI FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ, NELIDA 4290 SW 4TH STREET MIAMI FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: **Patricia Martinez** **8/31/02** **631-1414**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)