

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017971

1. Entity Name

FLOR DE LIZ, LLC

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90187 005 ****50.00

Principal Place of Business

848 BRICKELL AVE. SUITE 1120
MIAMI FL 33131

Mailing Address

848 BRICKELL AVE. SUITE 1120
MIAMI FL 33131

2. Principal Place of Business

848 BRICKELL AVENUE

3. Mailing Address

601 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

SUITE 1120

Suite, Apt. #, etc.

SUITE 805

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JORGE
848 BRICKELL AVE. SUITE 1120
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

ALLEN & GALEGO

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

601 BRICKELL KEY DRIVE

SUITE 805

City

MIAMI

FL

Zip Code
33131

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

BY: ROBERT N. ALLEN, JR., PRESIDENT

4/25/02

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
MGRM
MARTINEZ, MARCELA
848 BRICKELL AVE. SUITE 1120
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTINEZ, ADRIANA
848 BRICKELL AVE. SUITE 1120
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTINEZ, JORGE
848 BRICKELL AVE. SUITE 1120
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

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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:

Jorge Martinez
Jorge Martinez

4/25/02

(305) 372-3300

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

Date

Daytime Phone #

CR2E083 (9/01)