2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018918

1. Entity Name

Principal Place of Business	Mailing Address				
3909 NORTHWEST 17TH TERRACE	3909 NORTHWEST 17TH TERRACE				
OAKLAND PARK FL 33309	OAKLAND PARK FL 33309				

FILED Mar 05, 2002 8:00 am \$\frac{8}{8}\$ Secretary of State 03-05-2002 90007 047 ****50.00

3909 NORTHW OAKLAND PAR	EST 17TH TERRACE IK FL 33309	3909 NORTHWEST 17TH OAKLAND PARK FL 3330					,		
2. Principal Pl	ace of Business	3. Mailing Address							مين
SA)	1001 1011 (801	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WR	ITE IN THIS SF	PACE		
City & State C		City & State	City & State		4. FEI Number Applied For				
		<u> </u>		65	-1149612			Not Applicable	
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired		5.00 Add ee Require		
	6. Name and Address of Curren	t Registered Agent		7. Nam	e and Address of New	Registered A	jent		
			Name						
	GEL & UTRERA, P.A.		Street Add		dress (P.O. Box Number is Not Acceptable)				
1840 SOUTHWEST 22 STREET, 4TH FLOOR		FLOOR			·				1
MIAI	MI FL 33145	*							
			City			FL	Zip Code	е	ĺ
	named entity submits this statement	or the purpose of changing its	registered office o	r registered agent,	or both, in the State of F		<u></u>		
SIGNATURE _	Signature, typed or printed name of registered ager	and title if applicable. (NOT	E: Registered Agent signal	ture required when reinstal	ting)	DATE			ĺ
		Make Check Pa	OW!!! FEE IS S ayable to Depart ie By May 1, 200	tment of State					
9.	MANAGING MEMB	ERS/MANAGERS	10.			/CHANGES			_
TITLE	MGR / PRESIDENT	☐ Delete	TITLE	YICE PRE	SIDENT		☐ Change	Addition	5
NAME	CONDE, ALEJANDRO A		NAME	Bonis, R	OGELIO A				F083 /9/01
STREET ADDRESS CITY-ST-ZIP	3909 NORTHWEST 17TH TERI	RACE .	STREET ADORESS CITY-ST-ZIP	3909 NO	PARK, FL 3	TH TERR	ALE		E
	OAKLAND PARK FL 33309 MGR	₩ Delete	TITLE	DAKLAND	PARK, FL 3		☐ Change	☐ Addition	ğ
TITLE NAME	SANTOS, OSVALDO	Delete	NAME					☐ V00110H	١
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CITY-ST-ZIP	OAKLAND PARK FL 33309	THOLE .	CITY-ST-ZIP						
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STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	ertify that the information supplied wit	h this filling does not guells to	CITY-ST-ZIP	tod in Costina 140	07/3//i) Florido Ct-t-1	(further == ===	- that the '	oformation	1
TALLEMENT OF COMMITTEE OF THE COMMITTEE									

I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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: ALEJANDRO CONDE SIGNATURE AND TYPED OF PRINTED MARIE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #