

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90017 046 ****50.00

DOCUMENT # *L 01000019055*

1. Entity Name

Sanchez - Osorio & Associates P.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15401 S.W 74 CT

3. Mailing Address

Suite, Apt. #, etc.

307

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-1151571

Applied For

Not Applicable

Zip

33193

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Aila M. Sanchez

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

15401 S.W 74 CT Suite. 307

City *Miami*

FL

Zip Code

33193

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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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*M&RM. Marilyn Sanchez-Osorio, Esq.
15401 S.W 74 CT # 307
Miami FL 33193.*

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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:

Marilyn Sanchez-Osorio

03-21-2002 (305) 3867932

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

Date

Daytime Phone #

CR2E083B (12/01)