

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90685 015 ****50.00

DOCUMENT # L01000019344

1. Entity Name
COREPLUS, LLC



Principal Place of Business
**2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES FL 33134**

Mailing Address
**2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES FL 33134**

2. Principal Place of Business
4909 S.W. 74th Court
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 430885
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33155

Country

Zip
33243-0885

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1156351**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERMAN, ALISON P
2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES FL 33134**

Name
MARIANO DE SOCARRAZ
Street Address (P.O. Box Number is Not Acceptable)
4909 S.W. 74th Court
City **Miami** FL Zip Code **33155**

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 **M. de Socarraz, C.E.O. MARIANO DE SOCARRAZ** DATE **03/19/03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SOCARRAZ, MARIANO D
5000 UNIVERSITY AVE
MIAMI FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. Box 430885
MIAMI, FL 33243-0885** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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: **MARIANO DE SOCARRAZ** DATE **3/19/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (10/02)