

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90079 025 ****50.00

DOCUMENT # L01000019577

1. Entity Name

MEA TERRA REALTY, L.L.C.

Principal Place of Business

**2875 N.E. 191ST STREET
SUITE 801
AVENTURA FL 33180**

Mailing Address

**2875 N.E. 191ST STREET
SUITE 801
AVENTURA FL 33180**

2. Principal Place of Business

Mea Terra Realty Llc

Suite, Apt. #, etc.

18170 Collins Ave.

City & State

Sunny Isles Beach, Fl.

Zip
33160

Country
USA

3. Mailing Address

18170 Collins Ave.

Suite, Apt. #, etc.

City & State

Sunny Isles Bch, Fl.

Zip
33160

Country
USA

4. FEI Number

65-115-2999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SERBER, DANIEL J
2875 N.E. 191ST STREET
SUITE 801
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

Alberto Fasja

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

18170 Collins Ave.

City

Sunny Isles Beach

FL

Zip Code
33160

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.

(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	President Alberto Fasja 18170 Collins Ave. Sunny Isles Bch, Fl. 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Luis Fernando Salazar Peralta 18170 Collins Ave. Sunny Isles Bch, Fl. 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Alberto Fasja

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

03-27-2002 305/935-5566

Date

Daytime Phone #

CR2E083 (9/01)