

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000020023**

1. Entity Name

LA ROSA PROPERTIES, L.L.C. ✓

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90408 035 \*\*\*\*50.00

Principal Place of Business

18636 NW 78TH PLACE  
MIAMI FL 33015

Mailing Address

18636 NW 78TH PLACE  
MIAMI FL 33015

2. Principal Place of Business

SAME

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

City &amp; State

SAME

City &amp; State

Zip

SAME

Country

Zip

Country

4. FEL Number

65-1154119

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMADOR, CLARA R  
18636 NW 78TH PLACE  
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Clara Amador*

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

(NOTE: Registered Agent signature required when reinstating)

5/18/02

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	<input type="checkbox"/> Delete
	Partnership	AMADOR, CLARA	18636 N.W. 78 PL	
		MIAMI, FL	33015	
	Partnership	LA ROSA, MIGDALE	18636 N.W. 78 PL	
		MIAMI, FL	33015	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(f), 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:

*Clara Amador*

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

Date

Daytime Phone #

CR2E083 (9/01)