

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

0031173

05-05-2002 90218 001 \*\*\*\*50.00  
 05-05-2002 90218 002 \*\*\*\*\*5.00

**DOCUMENT # L01000020316**

1. Entity Name

**AUBURNDALE LLC**

Principal Place of Business

**3461 SW 8 STREET  
 MIAMI FL 33135**

Mailing Address

**3461 SW 8 STREET  
 MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH FL 33139**

Name **ARMANDO CAZO**

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

**3461 S.W. 8th Street**

City **Miami**

**FL**

Zip Code **33135**

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

**ARMANDO CAZO**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/19/02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **CAZO, ALEX**  
 STREET ADDRESS **3461 SW 8 STREET**  
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
 NAME **CAZO, ARMANDO**  
 STREET ADDRESS **3461 SW 8 STREET**  
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
 NAME **CAZO, ESPERANZA**  
 STREET ADDRESS **3461 SW 8 STREET**  
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 officer empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**ARMANDO CAZO**

**4/19/02**

**305 445-1898**

**4/19/02**

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

Date

Daytime Phone #

CR2E083 (9/01)