

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020751

1. Entity Name
EMV LLC

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90166 004 ****50.00

Principal Place of Business

2833 BIRD AVE.
MIAMI FL 33133

Mailing Address

2833 BIRD AVE.
MIAMI FL 33133

2. Principal Place of Business

3326 MARY ST

Suite, Apt. #, etc.

603

3. Mailing Address

3326 MARY ST

Suite, Apt. #, etc.

603

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

4. FEI Number

01-0554555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DR., STE. 703
MIAMI FL 33133

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE * MGR ☐ Delete
NAME NARANJO, EDUARDO
STREET ADDRESS 2833 BIRD AVE.
CITY-ST-ZIP MIAMI FL 33133

TITLE * MGR ☐ Delete
NAME MAURICIO NAVARRO, CARLOS
STREET ADDRESS 2833 BIRD AVE.
CITY-ST-ZIP MIAMI FL 33133

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE * MGR ☒ Change ☐ Addition
NAME NARANJO, EDUARDO
STREET ADDRESS 3326 MARY ST #603
CITY-ST-ZIP COCONUT GROVE, FL 33133

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

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

SIGNATURE:

[Signature] SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)