2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

NORTH MIAMI FL

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

#701

US

2100 SAN SOUCI BOULEVARD

DOCUMENT # L01000020867

Country

ZARETSKY, LOUIS D ESQ. 555 NE 15TH STREET

the obligations of registered agent.

6. Name and Address of Current Registered Agent

1. Entity Name

NORTH MIAMI FL

#701

US

GENTE DEL SUR, LLC

Principal Place of Business

2100 SAN SOUCI BOULEVARD

2. Principal Place of Business

SUITE 100 **MIAMI FL 33132**

Suite, Apt. #, etc.

City & State

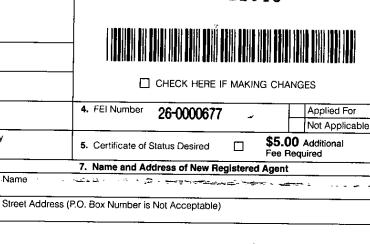
Zip



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90211 007 ****50.00

20011046



Zip Code

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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ☐ Addition NAME PERETTI, GRACIELA NAME STREET ADDRESS 2100 SAN SOUCI BOULEVARD, #701 STREET ADDRESS CR2E083 CITY-ST-ZIP NORTH MIAMI FL 33181 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE ☐ Change Addition NAME ROMERA, NESTOR NAME STREET ADDRESS 2100 SAN SOUCI BOULEVARD, #701 STREET ADDRESS CITY-ST-ZIE NORTH MIAMI FL 33181 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

Country

City

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

I hereby certify that the d with this filing does not te and that my signature sh galify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am a managing member or manager of the this report as required by Chapter 608, Florida Statutes. indicated on this report limited liability compar

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition