

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

07-01-2002 90355 003 ****50.00

DOCUMENT # L01000021911
1. Entity Name
BASE SIDE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1621 COLLINS AVE
Suite, Apt. #, etc.
516
City & State
MIAMI-BEACH
Zip
33139 Country
MIAMI-DADE

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
SAME Country

4. FEI Number
01-0651302 Applied For
Not Applicable

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

969648

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **LUIS ALONSO**
Street Address (P.O. Box Number is Not Acceptable)
1621 COLLINS AVE #516
City **MIAMI BEACH** FL Zip Code **33139**

8. The above named entity subr... this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Luis Alonso - AGENT* DATE **05-15-02**
Signature type printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-T-D HUGO NELSON SCARDINO 1621 COLLINS AVE # 516 MIAMI-BEACH, FL - 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S-D JOSE LUIS CONTARIAN 1621 COLLINS AVE # 516 MIAMI-BEACH, FL, 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Luis Alonso - PRES* DATE **05-15-02** 305-534-7144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083B (12/01)