

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90021 049 ****50.00

DOCUMENT # L01000022255

1. Entity Name

BRACHO MUTISERVICES L.L.C.

DO NOT WRITE IN THIS SPACE

80048202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9915 W. Okeechobee Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite # 5202

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL.

City & State

4. FEI Number

26-0002660

Applied For

Not Applicable

Zip

33016

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Morela Josefina Vivas

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

9915 E. Okeechobee Rd.

Suite# 5202

City

Hialeah Gardens

FL

Zip Code

33016

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

3/11/02

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE Mgr
NAME Manager
STREET ADDRESS Josefina Vivas, Morela
CITY-ST-ZIP 9915 W. Okeechobee Road, Ste # 5202
Hialeah Gardens, Fl. 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Mgr
NAME Hector Ilusion Rondon Bracho
STREET ADDRESS 9915 W. Okeechobee Road, Ste #5202
CITY-ST-ZIP Hialeah Gardens, Fl. 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Mgr
NAME Margarita Leonor Bracho Ochoa
STREET ADDRESS 9915 W. Okeechobee Road, Ste # 5202
CITY-ST-ZIP Hialeah Gardens, Fl. 33016

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

SIGNATURE:

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

Date

Daytime Phone #

03/11/02 - 305-3627775

CR2E083B (12/01)