

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022255

1. Entity Name

BRACHO MUTISERVICES L.L.C.



FILED

03 JAN 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

~~9915 W. OKEECHOBEE ROAD
SUITE 5202
HIALEAH GARDENS FL 33016~~

~~9915 W. OKEECHOBEE ROAD
SUITE 5202
HIALEAH GARDENS FL 33016~~

2. Principal Place of Business

3. Mailing Address

5461 W. 24 AVE

5461 W. 24 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

38

38

City & State

City & State

HIALEAH, FLA.

HIALEAH, FLA

Zip

Country

Zip

Country

33016

USA

33016

USA

4. FEI Number 26-0002660

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

JOSEFINA VIVAS, MORELA
~~9915 W. OKEECHOBEE ROAD
SUITE 5202
HIALEAH GARDENS FL 33016~~

Name

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

5461 W. 24 AVE

#38

City

HIALEAH

FL

Zip Code

33016

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 Florida Department of State
Due By May 1, 2003

300010152933

01/16/03--01033--003 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JOSEFINA VIVAS, MORELA	
STREET ADDRESS	9915 W. OKEECHOBEE ROAD, SUITE 5202	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HECMAR ILUSION RONDON BRACHO	
STREET ADDRESS	9915 W. OKEECHOBEE ROAD, SUITE 5202	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MARGARITA LEONOR BRACHO OCHOA	
STREET ADDRESS	9915 W. OKEECHOBEE ROAD, SUITE 5202	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5461 W. 24 AVE #38	
STREET ADDRESS	HIALEAH, FL 33016	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5461 W. 24 AVE #38	
STREET ADDRESS	HIALEAH, FL 33016	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5461 W. 24 AVE #38	
STREET ADDRESS	HIALEAH, FL 33016	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

M THOMAS

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 REQUIRED

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

01/09/02 (305) 818-0161

CR2E083 (10/02)