

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

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90017 006 ****55.00

DOCUMENT # L01000022576

1. Entity Name

VELOFAX, LLC

000040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

925 CRANDON BLVD

Suite, Apt. #, etc.

3. Mailing Address

925 CRANDON BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY BISCAYNE, FL

City & State

KEY BISCAYNE, FL

4. FEI Number

300001040

Applied For

Not Applicable

Zip

33149

Country

DADE

Zip

33149

Country

DADE

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ELISA CARDENAL - CUADRA

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

620 HARBOR CIRCLE

City

KEY BISCAYNE

FL

Zip Code

33149

**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

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MEMBER
NAME	ELISA CARDENAL CUADRA
STREET ADDRESS	620 HARBOR CIRCLE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MEMBER
NAME	MARIA F. JUNCADILLA
STREET ADDRESS	270 CRAWWOOD DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MEMBER
NAME	SILVANA EL-GAZBAN
STREET ADDRESS	690 HARBOR LANE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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:

Elisa Cardenal Cuadra

Date

Daytime Phone #

2/20/02 305-365-8880