

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90002 033 ***150.00

DOCUMENT # L02000000356

1. Entity Name

1528 BRICKELL AVENUE, LLC



Principal Place of Business

Mailing Address

**444 BRICKELL AVE., SUITE 421
MIAMI FL 33131**

**444 BRICKELL AVE., SUITE 421
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

25 SE 2ND AVENUE

25 SE 2ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

712

712

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

6. Name and Address of Current Registered Agent

4. FEI Number

01-0582975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **VP** **GABRIELA H.M. GUIMARAES** ☐ Delete
NAME
STREET ADDRESS **3104 JACKSON AVE**
CITY-ST-ZIP **COCONUT GROVE, FL, 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **GILSON MACHADO**
STREET ADDRESS **C/O 25 SE 2ND AVE #712**
CITY-ST-ZIP **MIAMI - FL - 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

03/03/02

305-5749461

CR2E083 (10/02)

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