


FILED
Jun 18, 2003 8:00 am
Secretary of State

05-13-2003 90014 037 *****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000000792

1. Entity Name
CB@242, LLC



Principal Place of Business
 2901 SW 8 STREET SUITE 204
 MIAMI, FL 33135

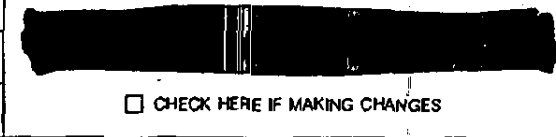
Mailing Address
 6861 WEST 30TH COURT
 HIALEAH, FL 33018

44004654

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
74-3034798

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GAMIZ, TOMAS O
6861 WEST 30TH COURT
HIALEAH, FL 33018

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 _____ DATE _____
Signature (typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when substituting)

FILE NOW WITH FEES IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAMIZ, TOMAS O 6861 WEST 30TH COURT HIALEAH, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAMIZ, ORLANDO 6861 WEST 30TH COURT HIALEAH, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 60B, Florida Statutes.

SIGNATURE: Orlando J. Gamiz **04-07-03** **305-273-6137**
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

Attachment #



44004654

May 07, 2003

Florida Department of State
Division of Corporations

Ref: CB@242, LLC
Document Number: L02000000792
Federal ID Number:

To Whom It May Concern:

We apologize for the delay in filing our Uniform Business Report 2003, but unfortunately we were not aware of this specific requirement, also we never received the form by mail

Please, be assured that we are not trying to evade our responsibility, Therefore, we feel that the above facts constitute a justify circumstance and humbly request your consideration in removing our penalty.

We are enclosing the complete form with its specific check.

Sincerely, -

Orlando L. Gamiz.