2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2003 8:00 am Secretary of State 01-22-2003 90094 010 ****50.00

1/22

OCUM Entity Name BARJES, LL	IENT # LO2000 (.c.	002304			01-22-2	005 50054 010	30.00		
Principal Place of Business 8640 S.W. 80 COURT IAMI FL 33158		Mailing Address 13640 S.W. 80 COURT MIAMI FL 33158							
2. Principal Place of Business SAME		3. Mailing Address SAME			1 E 11 SELIO 11941 FE111 ASIN -		1)#1 JSB1		
Suite, Apt. #		Suite, Apt. #, etc.			CHECK HERE IF	MAKING CHANGES			
City & State		City & State		4. FEI Number Applied For Not Applicable					
Zip	Country	Zip .	Country	5. Certificat	e of Status Desired	□ \$5.00 Addit Fee Required			
	A Advisor of Curren	at Peolstered Agent		7. Name an	d Address of New Re	gistered Agent			
	6. Name and Address of Curre	Hit Ughteral of vilalit	Name 1	Ami	7	<u></u>			
PAREDES, JESUS O			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
MIAM	# FL 33158 र चेल्ल र स्टेंडिंट इ. १९७० इस्टालक्षीक्ष र र स्टेंडिंट	•	City			FL Zip Code	,		
а,	• · · · · · · · ·			and agent or h	oth in the State of Flor		and accept		
8. The above the obligati	named entity submits this statement ons of registered agents	nt for the purpose of changing it	ts-régistered office or regisi	ereo agera, or c	J. J.	111/03			
SIGNATURE -	Signature, typed or printed name of registered a	gent and title if applicable. (NC	OTE: Registered Agent signature requi	ired when reinstating)		DATE			
	Sarakule, types at a second	FILE	10W!!! FEE IS \$50.00	0			l		
	·	Make Check Paya	ble to Florida Departm	ent of State			}		
		D	ue By May 1, 2003		ADDITIONS/	CHANGES			
9.	MANAGING ME	MBERS/MANAGERS	10.		ADDITIONS/	Change	Addition		
TITLE	PRESIDENT	☐ Detete	TITLE						
NAME	ITECILL OF PA	KEDES	STREET ADDRESS	·			ŀ		
STREET ADDRESS CITY-ST-ZIP	13640 SW 86	33158	CITY-ST-ZIP-	• •		☐ Change	Addition Addition		
TITLE		Delete	TITLE	_					
NAME			STREET ADDRESS				Ì		
STREET ADDRESS CITY-ST-20P	}		CITY-ST-ZIP			☐ Change	Addition		
TITLE		☐ Delete	TITLE		<u></u>				
NAME	•		NAME STREET ADURESS						
STREET ADDRESS			CITY-ST-ZIP						
CITY-ST-ZIP	<u> </u>	Delete	TITLE	·		☐ Change	☐ Addition		
TIȚLE NAME			NAME		 -				
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			•			
ONTY-ST-ZIP						☐ Change	Addition		
TITLE		Delete	TITLE NAME						
NAME			STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	5		CITY-ST-ZIP				Addition		
TITLE		☐ Delete	TITLE			Change			
NAME		-	NAME CTREET ADDRESS						
STREET ADDRESS		•	STREET AODRESS CITY-ST-ZIP						
CITY-ST-ZIP	y certify that the information supplied on this report is true and accurate the information company or the receiver of	during the stine does not custiff	v for the exemption stated i	in Section 119.0	7(3)(i), Florida Statutes	. I further certify that the	information		
11. I hereby	y certify that the information supplied and on this report is true and accurate liability company or the receiver or	ed with this filling does not quality te and that my signature shall h	ave the same legal effect a	s if made under chapter 608. Flor	oath; that I am a mana ida Statutes	ging member or manag	, CI UI 10		
limited	iability company or the receiver or	trinstee stationed to execute	niis tahout as tadquad by c			202	,		