

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90022 007 ****50.00

DOCUMENT # L02000002934

1. Entity Name

ARCO IRIS DISCOUNT, L.L.C.



Principal Place of Business

Mailing Address

**2221 SW 67TH AVENUE
MIAMI FL 33155**

**2221 SW 67TH AVENUE
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

3663 SW 26th Terr

3663 SW 26th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

MIAMI

Zip

Country

Zip

Country

33133

USA

33133

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESENDE, BLANCA J
2221 SW 67TH AVENUE
MIAMI FL 33155**

Name

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

3663 SW 26th Terr

City

MIAMI

FL

Zip Code

33133

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: *Olga Robles* **Olga Robles** **HGR.** **02-07-03**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROBLES, OLGA
3663 SW 26TH TERRACE
MIAMI FL 33133** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROBLES, ALIX
3663 SW 26TH TERRACE
MIAMI FL 33133** ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (10/02)