

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90058 043 \*\*\*\*55.00

<b>DOCUMENT # L02000003604</b>			
<b>1. Entity Name</b> JOSE MARIA VARGAS UNIVERSITY LLC			
<b>Principal Place of Business</b> 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131		<b>Mailing Address</b> 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131	
<b>2. Principal Place of Business</b> 1881 NW 123 Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1881 NW 123 Avenue Suite, Apt. #, etc.	
<b>City &amp; State</b> Pembroke Pines, Fl.		<b>City &amp; State</b> Pembroke Pines, Fl.	
<b>Zip</b> 33026		<b>Zip</b> 33026	
<b>Country</b>		<b>Country</b>	
<b>4. FEI Number</b> 04-31046762		<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<input type="checkbox"/> <b>CHECK HERE IF MAKING CHANGES</b>			
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131			
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> President	<input type="checkbox"/> <b>Delete</b>		
<b>NAME</b> Alicia Parra			
<b>STREET ADDRESS</b> 1881 NW 123 Avenue			
<b>CITY-ST-ZIP</b> Pembroke Pines, Fl. 33026			
<b>TITLE</b> Vice President	<input type="checkbox"/> <b>Delete</b>		
<b>NAME</b> Zobeida Parra			
<b>STREET ADDRESS</b> 1881 NW 123 Avenue			
<b>CITY-ST-ZIP</b> Pembroke Pines, Fl. 33026			
<b>10. ADDITIONS/CHANGES</b>			
<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
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<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>			
<b>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.</b>			
<b>SIGNATURE: X SIGNATURE REQUIRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
103-3-03 954-7043432			

CR2E083 (10/02)