LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 0200000 3781

1. Entity Name

MEGACOLOR PRINT LLC

DO NOT WRITE IN THIS SPACE

2001 2740

2. Principal Place of Business
7869 NW 52 STREET

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI

City & State

Zip
FL.

Country
33166

Zip

Country

4. FEI Number
03-0388465

| Applied For |
| Not Applicable |

-5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
MARIO GUZMAN

Street Address (P.O. Box Number is Not Acceptable)
9130 S. DADELAND BLVD.
SUITE # 1504

City
MIAMI   FL   Zip Code 33156

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.

DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	TITLE
NAME	PIRONIO ROMAN	NAME
STREET ADDRESS	90 ALTON ROAD APT # 710	STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP
TITLE	MGR	TITLE
NAME	CABRIER, MARCELO G	NAME
STREET ADDRESS	5900 COLLINS AVENUE APT. #401	STREET ADDRESS
CITY-ST-ZIP	MIAMI FL. 33147	CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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

01/14/03   305-639-2111
Date   Daytime Phone #

CR2E083B (12/02)