

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90035 026 ****50.00

DOCUMENT # L02000004554



1. Entity Name
ALONSO & MELE ARCHITECTS, LLC

Principal Place of Business Mailing Address
8900 S.W. 117TH AVE., STE. C205 8900 S.W. 117TH AVE., STE. C205
MIAMI FL 33186 MIAMI FL 33186

20025322



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
5805 BLUE LAGOON DRIVE 5805 BLUE LAGOON DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 200 STE 200

City & State City & State
MIAMI, FL MIAMI, FL

Zip Country Zip Country
33126 USA 33126 USA

4. FEI Number Applied For
03-0449375 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONSO, ORLANDO SR.
8900 S.W. 117TH AVE., STE. C205
MIAMI FL 33186

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

PRESIDENT
ORLANDO ALONSO SR.
5805 BLUE LAGOON DRIVE STE 200
MIAMI, FL 33126

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]* **REQUIRED** 1-16-03 (305) 595-3095 X214
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)