

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90188 005 ****50.00

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DOCUMENT # L02000006037

1. Entity Name

PIZZA LIBRE, LLC



Principal Place of Business

Mailing Address

**6301 COLLINS AVE. SUITE 2306
MIAMI BEACH FL 33141**

**6301 COLLINS AVE. SUITE 2306
MIAMI BEACH FL 33141**

2. Principal Place of Business

3. Mailing Address

609 WASHINGTON AVE

609 WASHINGTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH FL

MIAMI BEACH FL

Zip

Country

Zip

Country

33139

USA

33139

USA

4. FEI Number

Applied For

27-0006349

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JALIL, SERGIO
6301 COLLINS AVE. SUITE 2306
MIAMI BEACH FL 33141**

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

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **JALIL, SERGIO**
CITY-ST-ZIP **6301 COLLINS AVE. SUITE 2306
MIAMI BEACH FL 33141**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

4/24/03

(305) 673-5300

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

Date

Daytime Phone #

CR2E083 (10/02)