

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90756 044 \*\*\*\*50.00

DOCUMENT # L02000006857

1. Entity Name

Opportunity World, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

210 SW 15 Rd

3. Mailing Address

210 SW 15 Rd

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33129

Country

USA

Zip

33129

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3628404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Ricardo Goldman**

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

210 SW 15 Rd #200

City **Miami**

**FL**

Zip Code  
**33129**

**DO NOT WRITE  
IN THIS SPACE**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Mgr member  
**Goldman, Ricardo**  
210 Sw 15 Rd, #200, Miami, FI 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Mgr member  
**Goldman, Luisa**  
10050 N Miami Ave, Miami, FI 33150

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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

4/28/03 305-725-7620

CR2E083B (12/02)