

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5/2

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

05-05-2003 92174 036 ****50.00

DOCUMENT # L02000007482

1. Entry Name
F.S.T., L.L.C.



Principal Place of Business
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES, FL 33134

44003174

2. Principal Place of Business
1200 Brickell Avenue
Suite, Apt. #, etc.
Suite 900
City & State
Miami, FL

3. Mailing Address
1200 Brickell Avenue
Suite, Apt. #, etc.
Suite 900
City & State
Miami, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-3041158 Applied For
Not Applicable

Zip 33131 Country USA

Zip 33131 Country USA

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

6. Name and Address of Current Registered Agent

SEGREDO, FRANK J ESQUIRE
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name AGI Registered Agents, INC.
Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue
Suite 900
City Miami FL Zip Code 33131

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]* AGI REGISTERED AGENTS, INC. 4/30/03

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reissuing.)

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

10. Managing Member ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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]* *Tom Korbmayers*
SIGNATURE AND TYPED OR PRINTED NAME OF SAVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/03 (305) 416-6800
Date Date Phone

CR2E083 (10/02)

Attachment

44005172
L02000067482

ADAMS, GALLINAR & IGLESIAS
1200 Brickell Ave., Suite 900
Miami, FL 33131
Telephone: (305) 416-6800
Fax: (305) 416-6811

June 18, 2003

To whom it may concern:

In this Fed-ex envelope there is a copy of the original letter that the State sent to my office, Attached to the letter is the fixed (2003 Uniform Business Report). The only thing that was missing to be able to process was on line number 10 the title. The title to the company F.S.T., LLC is managing member. If you have any questions please do not hesitate to contact me to the above number.

Thank you,

Jasmine Rodriguez

