2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
03-17-2003 90592 003 ****50.00
04-07-2003 90612 009 *****5.00

DOCUMENT # L02000007789

1. Entity Name
COF, L.L.C.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES FL 33134

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
318 INDIAN TRACE	318 INDIAN TRACE
Suite, Apt. #, etc.: Box 240	Suite, Apt. #, etc.: Box 240
City & State: WESTON FL	City & State: WESTON FL
Zip: 33326 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 02-0578420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: PERIM, OTAVIO V
Street Address (P.O. Box Number is Not Acceptable): 318 INDIAN TRACE #240
City: WESTON FL Zip Code: 33326

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 _____ 03-12-2003
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VANDERLEI PERIM, OTAVIO 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES FL 33134	☐ Delete	MGR PERIM, OTAVIO V 318 INDIAN TRACE #240 WESTON FL 33326	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FERRI, FLAVIO 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES FL 33134	☐ Delete	MGR FERRI, FLAVIO 1113 SUNFLOWER CIRCLE WESTON FL 33327	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SOEIRO, CECILIA 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES FL 33134	☐ Delete	MGR SOEIRO, CECILIA 6402 SW 93RD PLACE MIAMI FL 33173	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

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 03-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #