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

Mailing Address
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES FL 33134

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

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

☒ CHECK HERE IF MAKING CHANGES

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

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 #