

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90019 038 \*\*\*\*50.00

**DOCUMENT # L02000008329**

1. Entity Name  
**BUENAS NOTICIAS, LLC**



Principal Place of Business  
**4515 CURRY FORD RD., STE. C  
ORLANDO FL 32812**

Mailing Address  
**4515 CURRY FORD RD., STE. C  
ORLANDO FL 32812**

2. Principal Place of Business  
**ONE PULLIEU PLACE**

3. Mailing Address  
**P.O. BOX 721235**

Suite, Apt. #, etc.  
**SUITE 270**

Suite, Apt. #, etc.

City & State  
**WINTER PARK FL**

City & State  
**ORLANDO FL**

4. FEI Number  
**73-1640386**

Applied For  
☐ Not Applicable

Zip  
**32792**

Country  
**ORANGE**

Zip  
**32872**

Country  
**ORANGE**

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

**6. Name and Address of Current Registered Agent**

**LOPEZ, EDGARDO LUIS  
4515 CURRY FORD RD., STE. C  
ORLANDO FL 32812**

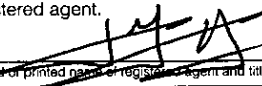
**7. Name and Address of New Registered Agent**

Name  
**LOPEZ EDGARDO LUIS**

Street Address (P.O. Box Number is Not Acceptable)  
**6857 LONG NEEDLE CT**

City **ORLANDO** FL Zip Code **32822**

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  DATE **02-20-03**

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**

TITLE **PRESIDENT** ☐ Delete  
NAME **EDGARDO LOPEZ**  
STREET ADDRESS **P.O. BOX 721145**  
CITY-ST-ZIP **ORLANDO FL 32872**

TITLE **V.P.** ☐ Delete  
NAME **MARTA LOPEZ**  
STREET ADDRESS **P.O. BOX 721145**  
CITY-ST-ZIP **ORLANDO FL 32872**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

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

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**02-20-03** **407 673 9300**

Date

Daytime Phone #

CR2E083 (10/02)