

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90232 019 \*\*\*\*50.00

**DOCUMENT # L02000009039**

1. Entity Name

**611 S. MASHTA DR., LLC**



Principal Place of Business

**C/O 785 CRANDON BLVD. #1201  
KEY BISCAIYNE FL 33149**

Mailing Address

**C/O 1200 BRICKELL AVE., STE. 900  
MIAMI FL 33131**

**44001680**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**4410 N.W. 74 Avenue**

Suite, Apt. #, etc.

City & State

**City & State  
Miami, Florida**

4. FEI Number

**04-3651632**

Applied For

☐ Not Applicable

Zip

Country

Zip

**33166**

Country

**US**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVE., STE. 900  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Alvaro Castillo B., P.A.**

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

**1390 Brickell Avenue**

**Suite 200**

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

(NOTE: Registered Agent signature required when reinstating)

**5-9-03**

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 **MGR** ☐ Delete  
NAME **ESTEVEZ, FRANCISCO J**  
STREET ADDRESS **785 CRANDON BLVD., #1201**  
CITY-ST-ZIP **KEY BISCAIYNE FL 33149**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Javier Francisco Estevez**  
STREET ADDRESS **4410 N.W. 74 Avenue**  
CITY-ST-ZIP **Miami, Florida 33166**

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  
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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:

**Francisco J. Estevez** **Manager**

**4/21/03**

**(305) 718-4466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Francisco J. Estevez**

CR2E083 (10/02)