

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90230 015 ****50.00

DOCUMENT # L02000011775

1. Entity Name

ALLENDE & BREA LLC



Principal Place of Business

201 SOUTH BISCAYNE BLVD. 31ST FLOOR
MIAMI CENTER, C/O FERREL SCHULTZ
MIAMI FL 33131-4325

Mailing Address

201 SOUTH BISCAYNE BLVD. 31ST FLOOR
MIAMI CENTER, C/O FERREL SCHULTZ
MIAMI FL 33131-4325

2. Principal Place of Business

201 SOUTH BISCAYNE BLVD.

3. Mailing Address

201 SOUTH BISCAYNE BLVD



MOORE

CR2E083 (11/03)

Suite, Apt. #, etc.

34th FLOOR

Suite, Apt. #, etc.

34th FLOOR

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

73-1643621

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

MELHEM, PABLO A
201 SOUTH BISCAYNE BLVD., 34TH FL
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MARZORATI, OSVALDO J
STREET ADDRESS C/O GEORGE R. FUNARO & CO. ONE PENN PLZ
CITY-ST-ZIP NEW YORK NY 10119

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

OSVALDO MARZORATI

01/30/04

305 351 0780

Date

Daytime Phone #