**FILED** 

## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## Mar 18, 2003 8:00 am Secretary of State DOCUMENT # L02000012430 03-18-2003 90153 024 \*\*\*\*50.00 **ROMERO & SANCHEZ LLC** Principal Place of Business Mailing Address 2588 SW 27TH AVE. 2588 SW 27TH AVE. MIAMI FL 33133 MIAMI,ĖL 33133 Principal Place of Business 3. Mailing Address MIAHI 2477 N. C Suite, Apt. #, etc. Suite, Apt., #, etc CHECK HERE IF MAKING CHANGES City & State NORTH MIANI BEACH 4. FEI Number 01 - 0692-1/5 City & State Applied For RTIMIANI Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... **LEBNANGO** GARCIA, ANTONIO Street Address (P.O. Box Number is Not Acceptable) A & E GARCIA, PA NORTH 2588 SW 27TH AVE. MIAMI FL 33133 BEAC MI 8. The above named entity submits this statement for the the obligations of repistered agent. purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) Signature, typed or pri ted name of registered ag FILE NOW!!! FEE IS \$50.00 Make Check-Pavable to Florida Department of State Due By May 1, 2003 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS TITLE ☐ Delete TITLE ☐ Change NAME NAME ERNANdo - A. Romerof 2477 NE 184 TERR NORTH HIAND BEAC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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

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.

10-03 -03