

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90074 048 ****50.00

DOCUMENT # L02000013801

1. Entity Name

CAREY USA PROPERTIES, LLC



Principal Place of Business

**848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131**

Mailing Address

**848 BRICKELL AVENUE, SUITE 1000
MIAMI FL 33131**

44001004

2. Principal Place of Business

848 BRICKELL AVENUE

3. Mailing Address

848 BRICKELL AVENUE

Suite, Apt. #, etc.

PENTHOUSE I

Suite, Apt. #, etc.

PENTHOUSE I

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

01-0749360

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURAI WALD BIONDO & MORENO, P.A.
900 INGRAHAM BUILDING
25 SOUTHEAST SECOND AVENUE
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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT/SECRETARY** ☐ Delete
NAME **ARDID JOSE**
STREET ADDRESS **848 BRICKELL AVE PENTHOUSE I**
CITY-ST-ZIP **MIAMI FL. 33131**

TITLE **VICE PRESIDENT/TREASURER** ☐ Delete
NAME **GONZALO HUDOZ**
STREET ADDRESS **848 BRICKELL AVE. PENTHOUSE I**
CITY-ST-ZIP **MIAMI FL. 33131**

TITLE **VICE PRESIDENT/ASSISTANT SEC.** ☐ Delete
NAME **ARDID INIGO**
STREET ADDRESS **848 BRICKELL AVE. PENTHOUSE I**
CITY-ST-ZIP **MIAMI FL. 33131**

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 REQUIRED

JOSE ARDID

04/25/03

(305) 377-1067

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

Date

Daytime Phone #

CR2E083 (10/02)