


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90272 008 \*\*\*\*50.00

0012853

<b>DOCUMENT # L02000014094</b>	
1. Entity Name <b>C3003 FLORIDA HOLDING LLC</b>	

Principal Place of Business <b>601 BRICKELL KEY DRIVE, SUITE 802 MIAMI FL 33131</b>	Mailing Address <b>601 BRICKELL KEY DRIVE, SUITE 802 MIAMI FL 33131</b>
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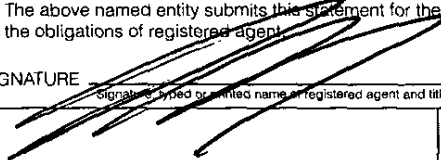
2. Principal Place of Business <b>80 SW 8th street Suite 2590 MIAMI, Florida Zip 33130 Country USA</b>	3. Mailing Address <b>80 SW 8th street Suite 2590 MIAMI, Florida Zip 33130 Country USA</b>
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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>06-1689219</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>VAZQUEZ, GERARDO A ESQ 601 BRICKELL KEY DRIVE, SUITE 802 MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name <b>JOHN SOTORP</b> Street Address (P.O. Box is Not Acceptable) <b>80 SW 8th street Suite 2590 City MIAMI FL 33130</b>

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 **04/30/03**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2003</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRUGO, JORGE 601 BRICKELL KEY DRIVE, SUITE 802 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER BRUGO, JORGE 80 SW 8th street, suite 2590 MIAMI FL 33130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **REQUIRED** **JORGE A. BRUGO** **04/30/03 (305) 371-4880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)