

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90998 009 \*\*\*\*\*50.00

**DOCUMENT #** L02000014552

**1. Entity Name**

DHARMANIEZSCHE, LLC



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

50 SW 10th St.

Suite, Apt. #, etc.

1305

City & State

MIAMI FL

Zip

33130 USA

**3. Mailing Address**

50 SW 10th St.

Suite, Apt. #, etc.

1305

City & State

MIAMI FL

Zip

33130 USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

32-0017922

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

MARC VDJ ORTALIZ

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

50 SW 10th St # 1305

City

MIAMI

FL

Zip Code

33130

**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

03/31/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MANAGING MEMBER MGRM  
NAME MARC VDJ ORTALIZ  
STREET ADDRESS 50 SW 10th St 1305  
CITY-ST-ZIP MIAMI FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MANAGING MEMBER MGRM  
NAME BRADFORD N. CROSS  
STREET ADDRESS 50 SW 10th St 1305  
CITY-ST-ZIP MIAMI FL 33130

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**DO NOT WRITE  
IN THIS SPACE**

**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

03/31/03

Date

305 992 5509

Daytime Phone #

CR2E083B (12/02)