

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014973

1. Entity Name
OKS INDUSTRY L.L.C.



Principal Place of Business
9 ISLAND AVE
804
MIAMI BEACH, FL 33139

Mailing Address
9 ISLAND AVE
804
MIAMI BEACH, FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTTO, BARBARA
9 ISLAND AVE
804
MIAMI BEACH, FL 33139

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PESTANA, LUIS A
9 ISLAND AVE, 804
MIAMI BEACH, FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
03/18/03--01066--001 **\$50.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOTTO, BARBARA A
9 ISLAND AVE, 804
MIAMI BEACH, FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700014325287
03/18/03--01066--001 **\$50.00

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

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

Luis Pestana

03/12/03

305 599 5030

Date

Daytime Phone #

CR2E083 (10/02)