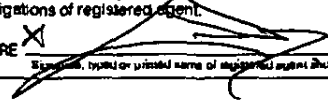
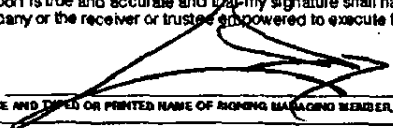


FILED
Jul 07, 2003 8:00 am
Secretary of State

05-02-2003 90582 020 ****50.00

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

DOCUMENT # L02000015471			
1. Entity Name DA MARIS PIZZERIA RESTAURANT, LLC			
Principal Place of Business 10067 SW 72 STREET MIAMI, FL 33173		Mailing Address 10067 SW 72 STREET MIAMI, FL 33173	
2. Principal Place of Business 4743 NW 72nd AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33166	Country USA	Zip	Country
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, FELIPE R 8390 W FLAGLER STREET, SUITE 219 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name CAMILO DIOZ Street Address (P.O. Box Number is Not Acceptable) 4743 NW 72nd AVE City MIAMI, FL Zip Code 33166	
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 04/28/03 (NOTE: Registered Agent's signature required when changing)			
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 CHILUZZI, GIANCARLO 4220 SW 113 AVENUE MIAMI, FL 33165 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT CAMILO DIOZ 4743 NW 72nd AVE MIAMI/FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 606, Florida Statutes.			
SIGNATURE: 		04/28/03 (205) 977781	
SIGNATURE AND DATED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Original Phone #	

44005356

☐ CHECK HERE IF MAKING CHANGES

CR2E083 (12/02)