

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

4/30

04-30-2003 90174 028 ****50.00

DOCUMENT # L02000016339

1. Entity Name

CONTINENTAL HOLDINGS LLC



Principal Place of Business

Mailing Address

2700 GLADES CIRCLE
SUITE #124
WESTON FL 33327

2700 GLADES CIRCLE
SUITE #124
WESTON FL 33327

44003930

2. Principal Place of Business

2700 Glades Cir

3. Mailing Address

2700 Glades Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

124

124

City & State

City & State

Weston FL

Weston

Zip

Zip

33327

Country

Country

Broward

Broward

4. FEI Number

04-3694634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPiegel & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI FL 33145

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	Operating manager sergio m Acevedo 986 Maricao Dr Weston FL 33327	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice operating manager JOSE I TRUJILLO 1855 Hidden trail lane Weston FL 33327	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Luis F Calle 1015 FISH CREEK CIRCLE Weston FL 33327	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer JUAN M DE CASTRO 2700 Glades Cir Suite 124 Weston FL 33327	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: Luis F Calle **Secretary** 6/28/03 (954) 217-7383

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

Date

Daytime Phone #

CR2E083 (10/02)