

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 26, 2003 8:00 am**  
**Secretary of State**

09-26-2003 90001 031 \*\*\*\*50.00

**DOCUMENT # L02000016943**

1. Entity Name

**LIGHTHOUSE CREATIVE GROUP, LLC**



Principal Place of Business

**13040 SW 88 TERRACE NORTH  
MIAMI FL 33186  
US**

Mailing Address

**13040 SW 88 TERRACE NORTH  
MIAMI FL 33186  
US**

2. Principal Place of Business

**301 Civic Court**

3. Mailing Address

**301 Civic Court**

Suite, Apt. #, etc.

**# 201**

Suite, Apt. #, etc.

**# 201**

City & State

**Homestead, FL**

City & State

**Homestead, FL**

Zip

**33030**

Country

**USA**

Zip

**33030**

Country

**USA**

4. FEI Number

**161617132**

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

**FERNANDEZ, JOAQUIN M  
13040 SW 88 TERRACE NORTH  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **Fernandez, Joaquin M.**

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

**301 Civic Court # 201**

City

**Homestead**

**FL**

Zip Code

**33030**

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

**9-19-03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **FERNANDEZ, JOAQUIN M**  
STREET ADDRESS **13040 SW 88 TERRACE NORTH**  
CITY-ST-ZIP **MIAMI FL 33186**

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Fernandez, Joaquin M.**  
STREET ADDRESS **301 Civic Court # 201**  
CITY-ST-ZIP **Homestead, FL 33030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

**9/19/03**

**786-290-9589**

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

Date

Daytime Phone #

CR2E083 (4/03)

0000485