

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90525 039 ****50.00

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DOCUMENT # L02000017051

1. Entity Name

NUAGE, LLC



Principal Place of Business

Mailing Address

**1035 PENNSYLVANIA AVE., SUITE 9
MIAMI BEACH FL 33139**

**1035 PENNSYLVANIA AVE., SUITE 9
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

4. FEI Number

33-1011971

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

**HUNT, CHRISTINE B
1830 MERIDIAN AVE., #704
MIAMI BEACH FL 33139**

Name

- SAME -

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

1830 MERIDIAN AVE., #1105

City

- SAME -

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 **CHRISTINE BOLLINGER HUNT**

Signature, typed or printed name of registered agent and title if applicable.

Christine Bollinger Hunt

(NOTE: Registered Agent signature required when registering)

4/22/03

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 **MM** ☐ Delete
NAME **PABLO CARVALHO CALDAS de OLIVEIRO**
STREET ADDRESS **1035 PENNSYLVANIA AVE., #9**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE **MM** ☐ Delete
NAME **JUNNI CAI**
STREET ADDRESS **BLOCK 263, BOON LAY DR, #04-581**
CITY-ST-ZIP **SINGAPORE 64026-3**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

PABLO CARVALHO CALDAS de OLIVEIRO

SIGNATURE: *Pablo Carvalho Caldas de Oliveira* **MANAGING MEMBER**

04/23/03

305 527-8255

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

Date

Daytime Phone #

CR2E083 (10/02)