

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90001 035 ****50.00

DOCUMENT # L02000017071

1. Entity Name

INMOBILIARIA, LLC



Principal Place of Business

2875 N.E. 191 STREET, SUITE 440A
AVENTURA FL 33180

Mailing Address

2875 N.E. 191 STREET, SUITE 440A
AVENTURA FL 33180

2. Principal Place of Business

170 SE 2nd AVENUE

3. Mailing Address

170 SE 2nd AVENUE

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

City & State

MIAMI

City & State

MIAMI

Zip

33131

Country

Zip

33131

Country

4. FEI Number

36-4510278

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

MFM CONSTRUCTION CORP.
2875 N.E. 191 STREET, SUITE 440A
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **MFM CONSTRUCTION CORP.**

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

170 SE 2nd AVENUE, SUITE 404

City

MIAMI

FL

Zip Code

33131

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

Manuel Martinez
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

TITLE **MGR** ☐ Delete
NAME **MFM CONSTRUCTION CORP.**
STREET ADDRESS **2875 N.E. 191 STREET, SUITE 440A**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **MGR** ☐ Delete
NAME **BENITEZ, RAUL**
STREET ADDRESS **2875 N.E. 191 STREET, SUITE 440A**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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.

SIGNATURE:

Manuel Martinez
SIGNATURE REQUIRED

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

Date

Daytime Phone #

305-329-2934

CR2E083 (10/02)

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