

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L02000017094**

1. Entity Name  
**MIAMIBAY, LLC**



FILED

2003 JUN 10 PM 8:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O ADRIANA KOECK DE SCHMIDT  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
MIAMI, FL 33131**

Mailing Address  
[REDACTED]



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**10651 S.W. 108<sup>TH</sup> AVE**  
Suite, Apt. #, etc.  
**A-G**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**

Zip  
**33176**

Country  
**USA**

4. FEI Number  
**41-2050878**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**Aliet Casas  
10651 S.W. 108<sup>TH</sup> Ave. #1-G  
Miami, FL 33176**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE <b>MANAGER</b>	<input type="checkbox"/> Delete
NAME <b>OSVALDO CASTILLO</b>	
STREET ADDRESS <b>12720 S.W. 68<sup>LD</sup></b>	
CITY-ST-ZIP <b>MIAMI, FL 33183</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CFR2003 (10/02)

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: \_\_\_\_\_ DATE: **05/20/2003** (305) 275-1864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE