

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90043 005 ****55.00

DOCUMENT # L02000017327

1. Entity Name

HOMESPACE IMPORTS, LLC



Principal Place of Business

1228 WEST AVENUE #407
MIAMI BEACH FL 33139

Mailing Address

1228 WEST AVENUE #407
MIAMI BEACH FL 33139

2. Principal Place of Business

7311 NW 12th ST

Suite, Apt. #, etc.

SUITE ONE

City & State

MIAMI FL

Zip
33126

Country

3. Mailing Address

7311 NW 12th ST

Suite, Apt. #, etc.

SUITE ONE

City & State

MIAMI FL

Zip
33126

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

13-4203780

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE, SUITE 1114
MIAMI BEACH FL 33139

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

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DURAN, JOSE LUIS
1228 WEST AVENUE #407
MIAMI BEACH FL 33139

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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: *Jose Luis Duran*

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

8/21/03 305.471.9870

Date

Daytime Phone #

CR2E083 (4/03)