

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/24/2003-90251-038-\$50.00-\$50.00

DOCUMENT # L02000017343

1. Entity Name

DXN VENTURES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR -7, PM 2:29



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

5242 PINE TREE DRIVE  
MIAMI BEACH FL 33140

Mailing Address

5242 PINE TREE DRIVE  
MIAMI BEACH FL 33140

2. Principal Place of Business

1390 Brickell Ave

Suite, Apt. #, etc.

Suite 200

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Address

1390 Brickell Ave

Suite, Apt. #, etc.

Suite 200

City & State

Miami FL

Zip

33131

Country

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired.

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOVELA, DANIEL

200 S. BISCAYNE BLVD., SUITE 4000  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Daniel Novela

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

1390 Brickell Ave

Suite 200

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

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

(NOTE: Registered Agent signature required when reinstating)

1/10/03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Daniel Novela  
1390 Brickell Ave, Suite 200  
Miami FL 33131

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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:

SIGNATURE REQUIRED

1/10/03 305-371-6711

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

Date

Daytime Phone #

CR2E083 (10/02)