

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90073 036 \*\*\*\*50.00

DOCUMENT # L02000017742



1. Entity Name  
MEBA, LLC

Principal Place of Business  
11415 N. BAYSHORE DRIVE  
NORTH MIAMI, FL 33181

Mailing Address  
11415 N. BAYSHORE DRIVE  
NORTH MIAMI, FL 33181

2. Principal Place of Business  
11445 N. Bayshore Drive

3. Mailing Address  
11445 N. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01152004

Chg-LLC

CR2E083 (10/03)

City & State  
North Miami, FL

City & State  
North Miami, FL

4. FEI Number  
52-2288313

Applied For  
Not Applicable

Zip  
33181

Country  
US

Zip  
33181

Country  
US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CARUSO, MARCOS  
11415 N. BAYSHORE DRIVE  
NORTH MIAMI, FL 33181

## 7. Name and Address of New Registered Agent

Name

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

11445 N. Bayshore Drive

City

North Miami

FL

Zip Code  
33181

8. The undersigned 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 qualifications of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BRUNO, BERNARDINO  
10710 NW 66 ST., #309  
MIAMI, FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
ARIAS DE BRUNO, ROSE MARIE  
10710 NW 66 ST., #309  
MIAMI, FL 33178 ☐ 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  
Director  
CARUSO, MARCOS  
11445 N. Bayshore Drive  
North Miami, FL 33181 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sec  
Maria Cristina Pernis Caruso  
11445 N. Bayshore Drive  
North Miami, FL 33181 ☐ 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 included in 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: *Marcos Caruso*

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

Date

Daytime Phone #