

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90001 042 ****50.00

DOCUMENT # L02000019581

1. Entity Name

SAIBA, L.L.C.



Principal Place of Business

Mailing Address

536 BILTMORE WAY
CORAL GABLES FL 33134

536 BILTMORE WAY
CORAL GABLES FL 33134

2. Principal Place of Business

5786 Progress Road

3. Mailing Address

5786 Progress Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33143

Country

U.S.A.

Zip

33143

Country

U.S.A.

4. FEI Number

73-1654614

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

CEUVAS, ANDREW ESQ.
C/O CEUVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Andrew Cuevas, Esq.
Street Address (P.O. Box Number is Not Acceptable)
536 Biltmore Way
City: Coral Gables FL Zip Code: 33134

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

2/13/03

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: JIMENEZ, OMAR ☐ Delete
STREET ADDRESS: 536 BILTMORE WAY
CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: MGRM
NAME: Jimenez, Omar ☒ Change ☐ Addition
STREET ADDRESS: 5786 Progress Road
CITY-ST-ZIP: Miami, FL 33143

TITLE: MGRM
NAME: LUISA CHAVEZ DE JIMENEZ ☐ Delete
STREET ADDRESS: 536 BILTMORE WAY
CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: MGRM
NAME: Luisa Chavez de Jimenez ☒ Change ☐ Addition
STREET ADDRESS: 5786 Progress Road
CITY-ST-ZIP: Miami, FL 33143

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

SIGNATURE REQUIRED

2/13/03

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

Date

Daytime Phone #

CR2E083 (10/02)