

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90185 047 *****55.00

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DOCUMENT # L02000019664

1. Entity Name

JOJO CORVAIA STUDIO LLC



Principal Place of Business

**3001 SW 28 LANE, SUITE 4
COCONUT GROVE FL 33133**

Mailing Address

**3001 SW 28 LANE, SUITE 4
COCONUT GROVE FL 33133**

2. Principal Place of Business

3683 Avocado Av.

3. Mailing Address

3683 Avocado Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Grove FL

City & State

Coconut Grove FL

Zip

33133

Country

DADE

Zip

33133

Country

DADE

4. FEI Number

74-3056063

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

**SPENCER BLUM, SAMUEL
2666 TIGERTAIL AVENUE, SUITE 106
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. I, the above named entity, submit 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

04.22.03

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CORVAIA, JORGE**
STREET ADDRESS **3001 SW 28 LANE, SUITE 4**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **MGR** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **CORVAIA, JORGE**
STREET ADDRESS **3683 Avocado Av.**
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE **MGR** ☐ Change ☒ Addition
NAME **DIMITRY SAID CHAMY**
STREET ADDRESS **2779 SW 22nd Ave.**
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE **MGR** ☐ Change ☒ Addition
NAME **CLAUDIO NAPOLITANO**
STREET ADDRESS **590 CONSERVATION DRIVE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **MGR** ☐ Change ☒ Addition
NAME **CINTIA CARVALHO**
STREET ADDRESS **3102 JACKSON AV.**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **MGR** ☐ Change ☒ Addition
NAME **DANIEL CHAO**
STREET ADDRESS **2511 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

04.22.03

(305) 448-5505

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

Date

Daytime Phone #

CR2E083 (10/02)