

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90013 039 ****55.00

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DOCUMENT # L02000020918

1. Entity Name

NORTHERN RAILROAD TRUST, LLC



Principal Place of Business

Mailing Address

**7320 NW 46 STREET
MIAMI FL 33166**

**7320 NW 46 STREET
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0532158

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

**ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, STE. 300
CORAL GABLES FL 33134**

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

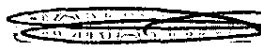
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAVIER CARBONELL	
STREET ADDRESS	7320 NW 46 ST	
CITY-ST-ZIP	M. AMI, FL 33166	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLAUDIA M. CARBONELL	
STREET ADDRESS	7320 NW 46 ST	
CITY-ST-ZIP	M. AMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:



REQUIRED JAVIER CARBONELL

4/11/03 786-468-3575

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

Date

Daytime Phone #

CR2E083 (10/02)