

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

2/2

02-24-2003 90054 045 ****50.00

DOCUMENT # L02000021056

1. Entity Name

CHARLCRISNA, LLC



Principal Place of Business

**8430 HARDING AVENUE, APT 4
MIAMI BEACH FL 33141**

Mailing Address

**8430 HARDING AVENUE, APT 4
MIAMI BEACH FL 33141**

2. Principal Place of Business

3. Mailing Address

27208 EASTVALE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALOS VERDES PENINSULA, CA

Zip

Country

Zip

Country

90274

USA

4. FEI Number

06-164-3587

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

**GRISALES-RACINI, OSCAR
1001 BRICKELL BAY DRIVE, SUITE 2800
MIAMI FL 33131**

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 NAME ☐ Delete

**PRESIDENT
CARLOS COOPER
27208 EASTVALE RD.
PALOS VERDES CA 90274**

TITLE NAME ☐ Delete

**VICE-PRESIDENT
PATRICIA COOPER
27208 EASTVALE RD
PALOS VERDES, CA 90274**

TITLE NAME ☐ Delete

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Delete

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Delete

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Delete

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

**TITLE NAME
STREET ADDRESS
CITY-ST-ZIP**

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STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

**TITLE 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

REQUIRED

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

02-19-03

Date

(305) 861-8823

Daytime Phone #

CR2E083 (10/02)