## 2003 LIMITED LIABILITY COMFANY UNIFORM BUSINESS REPORT (UBR

## Apr 23, 2003 8:00 am Secretary of State 04-02-2003 90011 019 \*\*\*\*55.00 DOCUMENT # L02000022666 1. Entity Name SES REAL ESTATE. L.L.C. Mailing Address Principal Place of Business 12950 S.W. 128 STREET #7 C/O IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DRIVE. SUITE 07 MIAMI FL 33186 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 13750 S.W. 34th Street Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For Miami, Florida Not Applicable Country Miami-Dade Country \$5.00 Additional 5. Certificate of Status Desired 33175 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IAG CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **601 BRICKELL KEY DRIVE** SUITE 507 **MIAMI FL 33131** City 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 10. ADDITIONS/CHANGES ☐ Change Addition TITLE Delete TITLE Manager NAME NAME Santiago Sanchez E083 ( STREET ADDRESS STREET ADDRESS 13750 S.W. 34th Street CITY-ST-7/P CITY-ST-7P Miami, Florida, 33175 ☐ Change TITLE ☐ Delæle ITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MIE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 11. Underby 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutas,

305-371-5213