

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

0013575

DOCUMENT # L02000022678

1. Entity Name

NORTHLAND, LLC



Principal Place of Business

Mailing Address

848 BRICKELL KEY DRIVE, UNIT 3201
MIAMI FL 33131

848 BRICKELL KEY DRIVE, UNIT 3201
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

2050 CORAL WAY
Suite, Apt. #, etc. 502

2050 CORAL WAY
Suite, Apt. #, etc. 502

City & State MIAMI, FL

City & State MIAMI, FL

Zip 33145 Country USA

Zip 33145 Country USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0742955

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME CARDENAS, JUAN M
STREET ADDRESS 848 BRICKELL KEY DRIVE, UNIT 3201
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

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

TITLE MGR
NAME BOTERO, RAFAEL
STREET ADDRESS 848 BRICKELL KEY DRIVE, UNIT 3201
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE MGR
NAME BOTERO, RAFAEL
STREET ADDRESS 2050 CORAL WAY SUITE 502
CITY-ST-ZIP MIAMI, FL. 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

4/28/03

305.416.9994

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

Date

Daytime Phone #

CR2E083 (10/02)