

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90188 023 *****50.00

0021595

DOCUMENT # L02000023861

1. Entity Name

735 LLC



Principal Place of Business

Mailing Address

10700 SW 116 AVE
MIAMI FL 33176

10700 SW 116 AVE
MIAMI FL 33176

2. Principal Place of Business

2103 CORAL WAY

3. Mailing Address

2103 CORAL WAY

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

MIAMI, FL

City & State

MIAMI, FL 33145

Zip

33145

Country

Zip

33145

Country

4. FEI Number

3200337-37

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

LOPEZ, GUSTAVO
10700 SW 116 AVE
MIAMI FL 33176

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

Gustavo Lopez GUSTAVO LOPEZ *Registered Agent*

(NOTE: Registered Agent's signature required when reinstating)

DATE

04/23/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

NAME FRANCISCO MATA LLANA
STREET ADDRESS 10700 SW 116 AVE
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete

NAME JORGE LUCH
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME MIGUEL ANGEL CARNEIRO
STREET ADDRESS 1470-X NW 107 ST AVE
CITY-ST-ZIP MIAMI, FL -33172

TITLE ☐ Delete

NAME YOLANA M. LOPEZ
STREET ADDRESS 1470-X NW 107 AVE
CITY-ST-ZIP MIAMI, FL -33172

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Francisco Mata LLANA REQUIRED MANAGING MEMBER

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

04/23/03

Date

305 2855188

Daytime Phone #

CR2E083 (10/02)