

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

03-20-2003 90040 025 ****50.00

DOCUMENT # L02000025821

1. Entity Name

95 AVENUE, LLC



Principal Place of Business

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES FL 33134

55036004

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

74-3066145

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

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name ~~CARLOS AZCARATE~~

Street Address (P.O. Box Number is Not Acceptable)
9724 SW 126 TERR

City MIAMI

FL Zip Code 33176

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

Carlos Azcarate
Signature, typed or printed name of registered agent and title if applicable

(AZCARATE CARLOS F)
(NOTE: Registered Agent signature required when reinstating)

03-13-03

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 MGR
NAME AZCARATE, CARLOS F ☐ Delete
STREET ADDRESS 901 PONCE DE LEON BLVD., SUITE 603
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE OFFICER/Manager ☒ Change ☐ Addition
NAME AZCARATE CARLOS F
STREET ADDRESS 9724 SW 126 TERR.
CITY-ST-ZIP MIAMI FL 33176

TITLE OFFICER/Manager ☐ Change ☒ Addition
NAME RESTREPO, EDUARDO
STREET ADDRESS 9724 SW 126 TERR.
CITY-ST-ZIP MIAMI FL 33176

TITLE OFFICER/Manager ☐ Change ☒ Addition
NAME PEDROZA CARLOS A
STREET ADDRESS 9724 SW 126 TERR
CITY-ST-ZIP MIAMI FL 33176

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:

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

03-13-03

Date

305-2381471

Daytime Phone #

CR2E083 (10/02)