


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/8.

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-08-2003 90078 043 ****50.00

| | | | |
|---|---|---|---|
| DOCUMENT # L02000025933 | |  | |
| 1. Entity Name AD OPERATIONS OF FLORIDA, LLC | | | |
| Principal Place of Business 5791 NW 116TH AVE. # 111 MIAMI FL 33178 US | | Mailing Address 5791 NW 116TH AVE. # 111 MIAMI FL 33178 | |
| 2. Principal Place of Business 5791 NW 116TH AVE | | 3. Mailing Address 5791 NW 116TH AVE | |
| Suite, Apt. #, etc. 111 | | Suite, Apt. #, etc. 111 | |
| City & State MIAMI FL | | City & State MIAMI FL | |
| Zip 33178 | Country U.S.A. | Zip 33178 | Country U.S.A. |
| 4. Name and Address of Current Registered Agent AGUIRRE, JESSE J 5791 NW 116TH AVE. # 111 MIAMI FL 33178 | | 4. FEI Number 61-1427142 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of New Registered Agent | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | FL | |
| Zip Code | | 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT JESSE AGUIRRE 5791 NW 116TH AVE #111 MIAMI, FL 33178 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u><i>Jesse Aguirre</i></u> REQUIRED | | Date <u>5/1/03</u> Daytime Phone # <u>786.942.2176</u> | |

CR2E063 (10/02)