

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90012 034 ****50.00

DOCUMENT # L02000025983

1. Entity Name
CORAL GABLES INVESTMENT GROUP LLC



Principal Place of Business

7561 S.W. 134 COURT
MIAMI FL 33183

Mailing Address

7561 S.W. 134 COURT
MIAMI FL 33183

20024615

2. Principal Place of Business

2121 PONCE DE LEON

Suite, Apt. #, etc.

BLVD SUITE 850

3. Mailing Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

850

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.

Zip

33134

Country

U.S.

4. FEI Number

46-0501276

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

7. Name and Address of New Registered Agent

MORETON, JORGE A
7561 S.W. 134 COURT
MIAMI FL 33183

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 ~~MGRM~~ ☐ Delete
NAME **RIVAS, JOSE F**
STREET ADDRESS **1204 PLACETAS AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **M** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~MGRM~~ ☐ Change ☒ Addition
NAME **MORETON, JORGE A.**
STREET ADDRESS **7561 S.W. 134 COURT**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED

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

01/29/2003 (786) 621 4282

Date

Daytime Phone #

CR2E083 (10/02)