

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90050 049 ****50.00

DOCUMENT # L02000026627

1. Entity Name
AUDY UNISON, L.L.C.



Principal Place of Business

**101 MADEIRA AVENUE
CORAL GABLES FL 33134
US**

Mailing Address

**101 MADEIRA AVENUE
CORAL GABLES FL 33134
US**

2. Principal Place of Business

6039 Collins Avenue

Suite, Apt. #, etc.

Apt. 802

City & State

Miami Beach, FL

Zip

33140

Country

U.S.

3. Mailing Address

6039 Collins Avenue

Suite, Apt. #, etc.

Apt. 802

City & State

Miami Beach, FL

Zip

33140

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**XIQUES, ALBERT J
101 MADEIRA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Carlos M. Machado, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

101 Madeira Avenue

City

Coral Gables

FL

Zip Code

33134

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.

Carlos Machado

(NOTE: Registered Agent signature required when reinstating)

2/5/03

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 ☐ 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

~~MGRM~~ ☐ Change ☒ Addition
Zeyad Audy
STREET ADDRESS
6039 Collins Avenue, #802
CITY-ST-ZIP
Miami Beach, FL 33140

MGRM ☐ Change ☒ Addition
Jihad Doujeji
STREET ADDRESS
6039 Collins Avenue, #802
CITY-ST-ZIP
Miami Beach, FL 33140

Member ☐ Change ☒ Addition
Imad Doujeji
STREET ADDRESS
6039 Collins Avenue, #802
CITY-ST-ZIP
Miami Beach, FL 33140

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

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

☐ 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 REQUIRED
ZEYAD AUDY
Managing member

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

2-5-03

Date

Daytime Phone #

305332428

CR2E083 (10/02)