

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90109 006 ****50.00

0054242

DOCUMENT # L02000027138

1. Entity Name

AMERICAN TRIUMPH, L.L.C.



Principal Place of Business

**4141 NORTH MIAMI AVE., SUITE 210-06
MIAMI FL 33127**

Mailing Address

**4141 NORTH MIAMI AVE., SUITE 210-06
MIAMI FL 33127**

2. Principal Place of Business

245 SE 1st Street

3. Mailing Address

245 SE 1st Street

Suite, Apt. #, etc.

430

Suite, Apt. #, etc.

430

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

14-1851543

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

**GHIRAGOSSIAN, JORGE D
4141 NORTH MIAMI AVE., SUITE 210-06
MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name **JORGE S. MAQUEIRA**

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

245 SE 1st STREET STE 430

City

MIAMI

FL

Zip Code

33131

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

8-14-03

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MAQUEIRA, JORGE S**
STREET ADDRESS **4141 NORTH MIAMI AVE., SUITE 210-06**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **245 SE 1st STREET STE 430**
CITY-ST-ZIP **MIAMI FL 33131**

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

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

Date

Daytime Phone #

8-14-03

305 579 4727

CR2E083 (10/02)

Attachment

August 14, 2003

90151295
L020000271388

STATE OF FLORIDA
P.O. BOX 6478
DIVISION OF CORPORATION
TALLAHASSEE, FL. 32314-6478

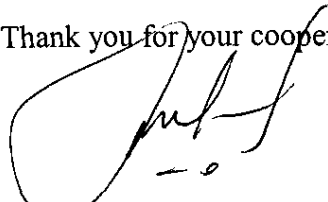
RE:
AMERICAN TRIUMPH, LLC
-DOC-NUMBER L02000027138

SIRS

Respectfully we request waive the penalty because we just received the UBR package
attached check in the amount of 50.00 to cover 2003 registration.

Pleasee note the change of address.

Thank you for your cooperation.


Jorge S. Maqueira
Manager