

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


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

05-05-2003 90692 050 \*\*\*\*50.00

0012347

**DOCUMENT # L02000027307**

1. Entity Name  
**MACOSA, LLC**



Principal Place of Business      Mailing Address

C/O A. KOSS, ESQ.  
 782 NW 42 AVENUE, STE. 448  
 MIAMI FL 33126

C/O A. KOSS, ESQ.  
 782 NW 42 AVENUE, STE. 448  
 MIAMI FL 33126

2. Principal Place of Business  
**354 SEVILLA AVE.**

3. Mailing Address  
**40 H. CEBALLOS**

Suite, Apt. #, etc.


Suite, Apt. #, etc.  
**354 SEVILLA AVE.**

City & State  
**CORAL GABLES FL.**

City & State  
**CORAL GABLES FL.**

Zip      Country      Zip      Country

**33134      USA      33134      USA**



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

**KOSS, A. ESQ**  
**782 NW 42 AVENUE, STE. 448**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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** **ODAIR MASSONI**  
 \_\_\_\_\_ **MEMBER, P. 4-30-03 (305) 418-5255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CRZE083 (10/02)