

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90190 016 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000027398

1. Entity Name
LOPEZ SIERRA INVESTMENTS, L.L.C.



30063985

Principal Place of Business
BAYPOINT OFFICE TOWER
4770 BISCAYNE BLVD., SUITE 1040
MIAMI, FL 33137

Mailing Address
BAYPOINT OFFICE TOWER
4770 BISCAYNE BLVD., SUITE 1040
MIAMI, FL 33137

2. Principal Place of Business
546 N.E. 199th lane

3. Mailing Address
546 n.e 199th lane

Suite, Apt. #, etc.
4-W

Suite, Apt. #, etc.
4-W

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33179

Country
USA

Zip
33179

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

USA SOLUTIONS, L.L.C.
BAYPOINT OFFICE TOWER
4770 BISCAYNE BLVD., SUITE 1040
MIAMI, FL 33137

7. Name and Address of New Registered Agent

America Visa Network

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

546 n.e 199th lane #4-w

City
Miami

FL

33179

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 **Dejonice Gonzalez "America Visa Network" Nov. 04-22-03**

Signature (Typed or printed name of Registered Agent and Date)

(NOTE: Registered Agent's signature required when changing)

DATE

FILE NOW WITH FEE IS \$50.00
Make Payment to the Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOPEZ, ANGELINA
4770 BISCAYNE BLVD., SUITE 1040
MIAMI, FL 33137**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOPEZ, TERESA
546 N.E. 199th lane
Miami-FL 33179**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGHE
Lopez Sierra Investment
546 N.E. 199th lane #4w Miami-FL 33179**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 606, Florida Statutes.

SIGNATURE **Dejonice Gonzalez**

Signature (Typed or printed name of Signing Managing Member, Manager, or Authorized Representative)

04-22-03 305-6526375

Date

Daytime Phone #

CRB 53 (10/02)