FILED
May 14, 2003 8:00 am
Secretary of State

4/25

04-25-2003 90761 019 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000028168

1. Entity Name
B & B DEVELOPMENT SERVICES L.L.C.

Principal Place of Business
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

Mailing Address
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

44001493

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2600 SW 3rd. Avenue.		2600 SW 3rd. Avenue.	
Suite, Apt. #, etc. 730		Suite, Apt. #, etc. Suite 730.	
City & State Miami, FL.		City & State Miami, FL.	
Zip 33129	Country USA	Zip 33129	Country USA

4. FEI Number 65-0490302 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, OSCAR R ESQ.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Guzman, Mario.
Street Address (P.O. Box Number is Not Acceptable): Two Datran Center
9130 S. Dadeland Blvd. Suite 730.
City: Miami FL Zip Code: 33156.

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: MARIO GUZMAN 3/28/03
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

TITLE	Manager	☐ Delete
NAME	Miguel Angel Barbagallo.	
STREET ADDRESS	2600 SW. 3rd. Avenue #730.	
CITY-ST-ZIP	Miami, Florida 33129	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

CR2E083 (10/02)

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: 04/17/03 (305) 859-9787.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #