2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # L02000028458

1. Entity Name

MEDEROS HOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
3634 SW 57TH AVENUE MIAMI FL 33155	3634 SW 57TH AVENUE MIAMI FL 33155

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 56-2299955 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ | **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
BOHATCH, JOHN S ESQ 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABELS FL 33134	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 _____

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		**10.**	ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MEDEROS, ESTELA R		NAME			
STREET ADDRESS	3634 SW 57TH AVENUE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MEDEROS, IRENE		NAME			
STREET ADDRESS	3634 SW 57TH AVENUE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _Estela Mederos_ ESTELA MEDEROS   1-14-03   305-6621649

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