2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2003 8:00 am Secretary of State

DOCUMENT AN ORGANIZATION					7. 03-25-2003 90052 049 ****50.00			
DOCU 1. Entity Nar E. C. D.,	IMENT # L02000028 LLc	3978						
Principal Plac	ce of Business	Mailing Address			1			
5780 SW 4TH STREET 5780 SW 4TH STREET					į.			
MIAMI, FL 3	3136	MIAMI, FL 33136				•		
Ι΄,								
·	_	ű.			I INDEPENDENT DE LE STATE DE L		118 0 11 817	-
Principal Place of Business 3. Mailing Address								
P.O. B	<u>.</u>	·		S INDITEST BUS SPICE TRUST NOTE ONLY	naill Maite thant to	31 5 12 111	Indet tell ins	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
Miami, Sart		City & State .		,	== ==================================		piled For It Applicable	
Ζiρ	Country	Zip	Cour	ntry		\$5.0	DO Add	
33116					5. Certificate of Status Desired	☐ Fee f	Required	d
	6. Name and Address of Curren	t Registered Agent—		·	7. Name and Address of New R	egistered Agent		
MIAMI CORPORTE SYSTEMS, INC.								
283 CATAL	ONIA AVE., 2ND FL BLES, FL 33134		Street Addre		(P.O. Box Number is Not Acceptable)			
JOINE GA					,			· · · · · ·
				City		FL	ip Code	÷
	named entity submits this statement titions of registered agent.	for the purpose of changing its	s register	ed office or register	ed agent, or both, in the State of Flo	rida. I am familla	ar with,	and accept
CONSTRO	•				•			
SIGNATURE	Signature, typed or primed name of registered ager	nt and tide if applicable. (NOT	TE: Registere	d Agentzigrature required	when leinsteiling)	DATE		
			tar in i					
-				FEE IS \$50.00				
		Make Check Payar	POM:	onea ∪epartmer iy 1, 2003	It or State	_	,	
		The second secon		and the second s		7		
9.	MANAGING MEMB		10.		ADDITIONS/			
TITLE	Manager	☐ Delete	1111	i		П	Change	Addition
NAME	Esperanza C. Diaz 5780 S.W. 4 Street		HAM	·	-			
STREET ADDRESS CITY-ST-ZIP	Miami, FL 33136			ET ADDRESS -SI-ZIP	,			
	PREMIE, TH 33130						·	□ 1445ca
TITLE NAME		☐ Del <i>e</i> te	TiTU NAM	1 '			Change	Addition
STREET ADDRESS			A	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
								T LANCE -
TITLE		☐ Delete	TITU NAM	l l		[] t	hange	Addition
NAME STREET ADDRESS			:	ET ADDRESS				المساجير
- CITY:ST:ZIP				-ST-ZIP		•		
		П	_ -				hange	Addition
TITLE NAME		☐ Delete	TITL!			ш ч	। का औट	
STREET ADDRESS			i i	ET ADDRESS		•		
City-st-zip	-			-ST-ZIP	•			
TITLE			TITU			П	hange	Addition
NAME		. Defete	NAM				· vj.	- Addition
STREET ADDRESS		1		ET ADORESS				
CITY-ST-ZIP				-ST-21P				
TITLE		☐ Delete	titu	:		П	Change	Addition
NAME		_ Otto:	NAM					
STREET ADDRESS		JAPA .		ET ADDRESS		•		
CITY-ST-ZIP			CITY	-ST-ZIP	•			
11. I hereby d	certify that the information supplied wit	h this filling does not qualify fo	r the exe	motion stated in Sec	ction 119.07(3);), Florida Statutes, I	further certify the	at the in	formation
indicated	on this report is true and accurate and	d that my signature shall have	the same	e legal effect as if m	ade under oath; that I am a manag	ing member or n	nanage	r of the
minieu ila	billity company or the receiver or touste	e empowered to execute INIS	report as	s required by Chapt	er oud, riorida Statutes.			
		<i>~</i>				•		
SIGNAT	URE:	X			<u> </u>			<u>-</u>
	SIGNATURE AND TYPED OR PRINTED NAME	of Bigning Managing Member, Ma	INAGER, OF	AUTHORIZED REPRESE	NTATIVE Date	Quytime (Tions #	