

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90188 022 \*\*\*\*50.00

0021438

**DOCUMENT # L02000029117**

1. Entity Name

12TH AVENUE AND 5TH STREET LLC



Principal Place of Business

Mailing Address

10700 SW 116 AVE  
MIAMI FL 33176

10700 SW 116 AVE  
MIAMI FL 33176

2. Principal Place of Business

2103 CORAL WAY

Suite, Apt. #, etc.

302

City & State

MIAMI FL

Zip

33145

Country

USA

3. Mailing Address

2103 CORAL WAY

Suite, Apt. #, etc.

302

City & State

MIAMI, FL

Zip

33145

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0756350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, GUSTAVO  
10700 SW 116 AVE  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name GUSTAVO LOPEZ

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

2103 CORAL WAY, suite 302

City

MIAMI

FL

Zip Code

33145

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

*Gustavo Lopez*  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

04/23/03

**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  
NAME LOPEZ, GUSTAVO  
STREET ADDRESS 10700 SW 116 AVE  
CITY-ST-ZIP MIAMI FL 33176

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

TITLE MANAGING MEMBER/MANAGER ☐ Delete  
NAME JAVIER LUCH  
STREET ADDRESS 2103 CORAL WAY SUITE 302  
CITY-ST-ZIP MIAMI, FL 33145

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Gustavo Lopez*  
GUSTAVO LOPEZ MGRM

04/23/03

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CR2E083 (10/02)