

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90083 024 *****50.00

DOCUMENT # L02000029166

1. Entity Name

VITRUVIUS, LLC



Principal Place of Business

**10705 SOUTHWEST 128TH TERRACE
MIAMI FL 33176**

Mailing Address

**PO BOX 7798
CORAL GABLES FL 33234**

2. Principal Place of Business

13370 SW 131 Street

3. Mailing Address

13370 SW 131 Street

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

104

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Dade County

Zip

33186

Country

Dade County

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3662139

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **George Robello**

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

13370 SW 131 Street

Suite 104

City

Miami

FL

Zip Code

33186

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROSELLO, GEORGE J JR	
STREET ADDRESS	10705 SOUTHWEST 128TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BALBOA, JORGE A	
STREET ADDRESS	10705 SOUTHWEST 128TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BORROTO, RENE	
STREET ADDRESS	10705 SOUTHWEST 128TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E083 (10/02)