

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90002 016 \*\*\*\*50.00  
09-15-2003 90097 039 \*\*\*\*50.00

**DOCUMENT # L02000029833**

1. Entity Name  
**MADERO 1323, LLC**



Principal Place of Business  
**5558C LAKEWOOD CIRCLE  
MARGATE FL 33063**

Mailing Address  
**5558C LAKEWOOD CIRCLE  
MARGATE FL 33063**

2. Principal Place of Business  
**12337 NW 52nd CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**12337 NW 52nd CT**  
Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS FL**  
Zip  
**33076** Country

City & State  
**CORAL SPRINGS - FL**  
Zip  
**33076** Country

4. FEI Number  
**55-0805015**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**VINA, GEORGE F  
255 ALHAMBRA CIRCLE, STE. 715  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

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 September 24, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.T.  
ERNESTO SANTOS ASTORINO  
12337 NW 52nd CT  
CORAL SPRINGS, FL 33076** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP.S  
ANA LIA ASTORINO  
12337 NW 52nd CT  
CORAL SPRINGS, FL 33076** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

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

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

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

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

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

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

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 REQUIRED**

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

Date

Daytime Phone #

**09/12/03**

CR2E083 (4/03)