

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0012311

DOCUMENT # L02000030539

1. Entity Name

SARMIENTO USA LLC



04-28-2003 90075 024 ****50.00

Principal Place of Business

6101 BLUE LAGOON DR
420
MIAMI FL 33126

Mailing Address

6101 BLUE LAGOON DR
420
MIAMI FL 33126

2. Principal Place of Business

6101 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 420

City & State

Miami Florida

Zip

33126

Country

USA

3. Mailing Address

6101 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 420

City & State

Miami Florida

Zip

33126

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

41-2090051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, RAINIER
3822 SW 167 TERRACE
MIRAMAR FL 33127

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JACKILINE, SARMIENTO
6101 BLUE LAGOON DR. SUITE 420
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FIRST USA TITLE SERVICES, INC.
6101 BLUE LAGOON DR, SUITE 420
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PUPO, GODFRIED J JR.
115 NW 132 AVE
MIAMI FL 33182 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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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 #

CR2E083 (10/02)