

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90047 039 \*\*\*\*50.00

**DOCUMENT # L02000030862**

1. Entity Name

**MATRIX HOME DEVELOPERS, LLC**



Principal Place of Business

1424 COLLINS AVENUE  
MIAMI BEACH FL 33139  
US

Mailing Address

1424 COLLINS AVENUE  
MIAMI BEACH FL 33139  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0546867

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

SMITH, JOSE  
2450 NE MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name

Management Consulting Inc

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

1424 Collins Avenue

City

Miami Beach

FL

Zip Code

33139

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 MGRM  
NAME TENENBAUM, G. MARCELO  
STREET ADDRESS 1424 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE MGRM  
NAME SERRANO, DANIEL  
STREET ADDRESS 1424 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE MGRM  
NAME PREVISDOMINI, GERMAN  
STREET ADDRESS 1424 COLLINS AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/6/03

305-5313488

CR2E083 (10/02)