# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0054050

DOCUMENT # L02000031164

1. Entity Name

OJOPELAO.COM, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 5:08

4/9

| Principal Place of Business | Mailing Address |
|---|---|
| CCS 14008. P.O. BOX 025323<br>MIAMI FL 33102-5323 | CCS 14008. P.O. BOX 025323<br>MIAMI FL 33102-5323 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 590 CONSERVATION DRIVE | 590 CONSERVATION DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: WESTON FLORIDA | City & State: WESTON FLORIDA |
| Zip: 33327 Country: BROWARD | Zip: 33327 Country: BROWARD |

4. FEI Number: 571141503 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ILEANA ARIAS TOVAR, ESQ.<br>1725 MAIN STREET, SUITE 205<br>WESTON FL 33326 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>NAPOLITANO, CLAUDIO<br>CCS 14008, P.O. BOX 025323<br>MIAMI FL 33102-5323 | ☐ Delete | MGR<br>NAPOLITANO, CLAUDIO<br>590 CONSERVATION DRIVE.<br>WESTON, FL. 33327 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>PEREIRA, VIRGINIA<br>CCS 14008, P.O. BOX 025323<br>MIAMI FL 33102-5323 | ☐ Delete | MGR<br>PEREIRA, VIRGINIA<br>590 CONSERVATION DRIVE<br>WESTON, FL. 33327 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>DA MOTTA, ALEXIS<br>CCS 14008, P.O. BOX 025323<br>MIAMI FL 33102-5323 | ☑ Delete | 100015297411<br>04/04/03--01008--008 **50.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E083 (10/02)

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 03/20/03 954 3494953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #