

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90155 003 \*\*\*\*50.00

**DOCUMENT # L02000031445**

1. Entity Name

**EMERALD GROUP, LLC**



JJU4U0JU

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1500 San Remo Avenue**

3. Mailing Address  
**1500 San Remo Avenue**

Suite, Apt. #, etc.  
**Suite 145**

Suite, Apt. #, etc.  
**Suite 145**

DO NOT WRITE IN THIS SPACE

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number **45-0498865**

Applied For  
Not Applicable

Zip  
**33146**

Country  
**USA**

Zip  
**33146**

Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **James W. Jarvis**

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

**1500 San Remo, Suite 145**

City **Coral Gables**

**FL**

Zip Code  
**33146**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Managing Member  
Ma. De Los Angeles Santos Nietos  
1500 San Remo, #145, Coral Gables, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Managing Member  
Irma Concepcion Barba Vazquez  
1500 San Remo, #145, Coral Gables, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Managing Member  
Carlos Ronald Vimo  
1500 San Remo, #145, Coral Gables, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Managing Member  
Alfonso Conrado Rey  
1500 San Remo, #145, Coral Gables, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Managing Member  
Terrence N. Went  
1500 San Remo, #145, Coral Gables, FL 33146**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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

**3/27/03**

Date

Daytime Phone #

CR2E083B (12/02)

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Attachment

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City &amp; State

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Not Applicable

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Country

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Zip

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Country

US

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Fee Required

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DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	Member Ma. De Los Angeles Santos Nietos 1500 San Remo, #145, Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Member Irma Concepcion Barba Vazquez 1500 San Remo, #145, Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Member Carlos Ronald Vimo 1500 San Remo, #145, Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Member Alfonso Conrado Rey 1500 San Remo, #145, Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Member Terrence N. Went 1500 San Remo, #145, Coral Gables, FL 33146	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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SIGNATURE:

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

3-13-03

Date

305-448-4848

Daytime Phone

CR2E083B (12/02)