

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90044 010 \*\*\*\*\*50.00

**DOCUMENT # L02000031458**

1. Entity Name

**V. MANUEL ROCHA, LLC**



Principal Place of Business

Mailing Address

C/O CORPORATE INTERNATIONAL REG. AGENTS  
200 SOUTH BISCAYNE BLVD., 41ST FLOOR  
MIAMI FL 33131

C/O CORPORATE INTERNATIONAL REG. AGENTS  
200 SOUTH BISCAYNE BLVD., 41ST FLOOR  
MIAMI FL 33131

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

**710-91-5695**

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

7. Name and Address of New Registered Agent

**CORPORATE INTERNATIONAL REG. AGENTS, INC.**  
**200 SOUTH BISCAYNE BLVD., 41ST FLOOR**  
**MIAMI FL 33131**

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

10. ADDITIONS/CHANGES

TITLE **\*President / Member** ☐ Delete  
NAME **V. Manuel Rocha, LLC**  
STREET ADDRESS **200 South Biscayne Blvd., Suite 4100**  
CITY-ST-ZIP **Miami, Florida 33131**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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: X

*V. Manuel Rocha*

**March 24, 2003**

**305-5774766**

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

Date

Daytime Phone #

CR2E083 (10/02)

Glenda E. Hood  
Secretary of State  
Florida Department of State

Attachment 55026493  
#L02000031458

April 14, 2003

Subject: V. Manuel Rocha, LLC  
Ref. #: L02000031458

Honorable Ms. Hood:

As per your letter of March 27, 2003,  
I am hereby submitting a corrected copy  
of the Uniform Business Report.

FYI I am the only managing member  
of the LLC.

Should your office have any further  
questions I may be contacted at  
305-577-4766.

Yours Truly,

V. Manuel Rocha  
200 South Biscayne Blvd.  
Suite 4100  
Miami, FL 33131