

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

DOCUMENT # L02000031972

1. Entity Name

SOUTH FLORIDA ASSOCIATES, LLC



**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90044 016 \*\*\*\*50.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

25 SE 2<sup>ND</sup> AVENUE

Suite, Apt. #, etc.

712

City & State

MIAMI - FL

Zip

33131

Country

USA

3. Mailing Address

25 SE 2<sup>ND</sup> AVENUE

Suite, Apt. #, etc.

712

City & State

MIAMI - FL

Zip

33131

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0657136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GABRIELA GUIMARAES

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

25 SE 2<sup>ND</sup> AVENUE, SUITE 712

City

MIAMI

FL

Zip Code

33131

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

*Gabriela Guimarães*

Signature typed or printed name of registered agent and title if applicable.

04/07/03

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

MANAGER  
GABRIELA M. GUIMARAES  
25 SE 2<sup>ND</sup> AVENUE,  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SECRETARY  
TILSON MACHADO  
25 SE 2<sup>ND</sup> AVENUE  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SECRETARY  
JOSE TENORIO-DE A. LINS NETO  
25 SE 2<sup>ND</sup> AVENUE  
MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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:

*Gabriela Guimarães*

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

Date

Daytime Phone #

04/07/03 305-577-9461

CR2E083B (12/02)