

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90020 026 ****55.00

DOCUMENT # L02000032604

1. Entity Name

HOME MADE BY LEONOR, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 Brickell Avenue

3. Mailing Address

P.O. Box 144066

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Coral Gables, Florida

4. FEI Number

16-1643800

Applied For

Not Applicable

Zip

33131

Country

U.S.A.

Zip

33114-4066

Country

U.S.A.

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARLOS H. RODRIGUEZ

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

444 Brickell Avenue, Suite 210

City

Miami, Florida

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

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

03/30/03

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
LEONOR CASTAÑO
444 Brickell Av. Suite 210
Miami, Fla. 33131

TITLE
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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:

Leonor Castano M

04/01/03 305-898-8998

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

Date

Daytime Phone #

CR2E083B (12/02)