

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90576 001 ****50.00

DOCUMENT # L02000033132

1. Entity Name

KAESTO, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

888 Brickell Key Drive

888 Brickell Key Drive

Suite, Apt. #, etc.
907

Suite, Apt. #, etc.
907

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number

55-0810143

Applied For

Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Modesto Cabal

Street Address (P.O. Box Number is Not Acceptable)
888 Brickell Key Drive

Apt 907

City
Miami

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

9. 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

04/30/03
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
Modesto Cabal
888 Brickell Key Drive Apt 907
Miami, FL 33131

TITLE
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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 of 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

Date

Daytime Phone #