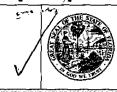
## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000033866

1. Entity Name

NEW BUSINESS ENTITY LLC



## FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90190 018 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE						30003303			
2. Principal P			3. Mailing Addre	3. Mailing Address					
2 S. BISCAYNE BLVd. Suite, Apt. #, etc.			Suite, Apt. #, 6	same	<u> </u>	DO NOT WRITE IN THIS SPACE			
Suite 1550			Suite, Apt. #, 6	eiG.					
City & State MIAMI, FLA.			City & State				8 11809	Applied For Not Applicable	
Zip 331	31	Country U.S.A	Zip	Count	ry 	<u> </u>	. Certificate of Status Desired		
					7. Name and Address of Current Registered Agent Name				
	D	O NOT	WRITE			queline Kriz			
	of the time of the contract of	V THIS				P.O. Box Number is Not Acceptable)			
	11		OFACE		Sui	Te. 1550			
					City Mia	mi	FL	Zip Code	
8. The above	named entity	submits this stater	nent for the purpose of cha	anging its registere	d office or register	ed agent, or both, in the State			
the obligati	ons of registe	ered agent.					4-24-		
SIGNATURE _	Signature, typed	or printed name of register	ed agent and title if applicable.				DATE		
FEE IS \$50,00  Make Check Payable to Florida Department of State  DUE BY MAY 1									
9.	<del></del>	MANAGING N	MEMBERS/MANAGERS	PUEBI	MAT I				
TILE	MOR		<del></del>	TITLE				5	
NAME	KRIZ,	FRED	ontrielle	NAME					
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CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indirected on this recent in this end contact and the information indirected on this recent in this end contact and the information indirected on this recent in this end contact and the information indirected on this recent in this end contact and the information indirected on this recent in this end contact and the information indirected on this recent in this end contact and the information indirected on this recent in this end contact and the information indirected on this recent in the end contact and the information indirected on this recent in the end contact and the information indirected on this recent in the end contact and the information indirected on this recent in the end contact and the information indirected on this recent in the end contact and the information indirected on this recent in the end contact and the information indirected on this recent in the end contact and the information indirected on the end contact and the information indirected on the end contact and									
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: 4-24							305 373 75	533	
	SIGNATURE AN	ID DIPED OR PRINTED	AME OF SIGNING MANAGING MEI	MBER, MANAGER, OR A	UTHORIZED REPRESEN		Daytime		