

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90407 004 ****50.00

DOCUMENT # L02000035011

1. Entity Name

AMASUA DEVELOPMENT GROUP, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2469 POINCIANA COURT

Suite, Apt. #, etc.

3. Mailing Address

2469 POINCIANA COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON FL.

City & State

WESTON FL.

4. FEI Number

65-1165478

Applied For

Not Applicable

Zip

33327

Country

U.S.A.

Zip

33327

Country

USA

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MANUEL FERNANDEZ

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

2469 POINCIANA COURT

City

WESTON

FL

Zip Code

33327

**DO NOT WRITE
IN THIS SPACE**

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.

4-17-03
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
MEMBER / MGR
FERNANDEZ, MANUEL
2469 POINCIANA CT.
WESTON, FL. 33327

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER / MGR
RODRIGUEZ, GARIAND
380 N.W. 110 AVE.
PLANTATION FL. 33324

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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 or 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

MANUEL FERNANDEZ 4/17/03 954-389-3587

Date

Daytime Phone #

CR2E083B (12/02)