2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090907					FILED			
1. Entity Name UB & M LLC				05	MAY -4 PM	1: 02		
			TO WE		CRETARY OF S			
Principal Place of Business		Mailing Address 2665 SOUTH BAYSHORE DRIVE ST 703		TA	LLAHASSEE, FI	_ORIDA	l.	
2665 SOUTH BAYSHORE DRIVE ST 703 2665 SOUTH BAYSHORE D MIAMI, FL 33133 MIAMI, FL 33133			DAIVE 31 703					
2. Principal Place of Business 3169 N.E. 163rd Street		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212005 Chg-Li	_C CR2E083 (10/03)		
City & State N. Miami Beach, FL		City & State		4. FEI Number 20–2229422		Applied For Not Applicable		
Zip 33160	Country			5. Certificate of Status D		00 Addition		
33100	6. Name and Address of Current R	Registered Agent		7. Name and Address o				
WORLD CORPORATE SERVICES, INC.				Name				
2665 SOU' MIAMI, FL	TH BAYSHORE DRIVE ST 703 33133	3	Street Ad	tress (P.O. Box Number is Not Acc	ceptable)			
			City			Zip Code		
O The share	named entity submits this statement for	the purpose of changing its rea		ictored agent or both in the St	FL	•	d accept	
	ons of registered agent.	A 1	istered office of reg	istered agent, or both, i Trille St	ate of Fiorida. Fair fairin	ai wiii, aik	accept	
SIGNATURE .	Signature, typed or print of name of registered agent a	and little if applicable (NOTE: F	Registered Agent signatur	required when reinstating)	DATE			
	ling Fee is \$50.00				Make check paya	hle to		
	ue by May 1, 2005		_		Florida Department			
9.	MANAGING MEMBEI		10.		DITIONS/CHANGES	Change	☐ Addition	
TITLE NAME	MGR MORCIRA, PEDRO	☐ Delete	TITLE NAME	MGR Moreira, Pedro		unange	Addition	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE ST 703 SIR MIAMI, FL 33133			3169 N.E. 163rd N. Miami Beach,	Street FT. 33160			
TITLE	MGR	☐ Delete	TITLE	MCR		Change 2	Addilion	
NAME STREET ADDRESS	JIMENEZ, JORGE 2665 SOUTH BAYSHORE DRIVE ST 703 STREET ADDRESS			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
CITY-ST-ZIP	MIAMI, FL 33133			V. Miami Beach, F				
TITLE	MGR BERTUOL, MICHELLE	⊠ Delete	TITLE NAME			Change	Addition	
NAME STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE ST 703							
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		-	l Ch		
TITLE NAME		☐ Delete	TITLE NAME	_2 <u>00</u> 0	545296	Change	Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	05/13/05~	545296 01066017	** 98 2.	50	
CITY-ST-ZIP TITLE	-	☐ Delete	TITLE				Addition	
NAME			NAME	. ^	<u> </u>			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP) \			
TITLE		□ Delete	TITLE	4		Change	Addition	
		L Delete		•				
NAME STREET ADDRESS		□ Cerete	NAME STREET ADDRESS	`				
NAME STREET ADDRESS CITY-ST-ZIP		□ Detate	NAME STREET ADDRESS CITY-ST-ZIP	\				
STREET ADDRESS CITY-ST-ZIP 11. hereby indicated	certify that the information supplied with on this report is true and accurate and	this filling does not qualify for th	STREET ADDRESS CITY-ST-ZIP e exemption stated same legal effect	is if made under oath; that — I ал	Statutes. I further certify t a managing member or	hat the info manager o	rmation of the	
STREET ADDRESS CITY-ST-ZIP 11. hereby indicated	certify that the information supplied with on this report is true and accurate and ability company or the receiver or trustee Pecifico Mon	this filling does not qualify for th that my signature shall have the empowered to execute this rep	STREET ADDRESS CITY-ST-ZIP e exemption stated same legal effect port as required by	is if made under oath; that I am Chapter 608, Florida Statu tes.	Statutes. I further certify t a managing member or	hat the info manager o	rmation of the	
STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated limited lia	on this report is true and accurate and ability company or the receiver or trustee Pedro Mon	this filling does not qualify for th that my signature shall have the empowered to execute this rep	STREET ADDRESS CITY-ST-ZIP e exemption stated same legal effect port as required by	is if made under oath; that — I ал	i a managing member or	hat the info manager o	rmation of the	
STREET ADDRESS CITY-ST-ZIP 11. hereby indicated	on this report is true and accurate and ability company or the receiver or trustee Pedro Mon	this filling does not qualify for th that my signature shall have the empowered to execute this rep aira	STREET ADDRESS CITY-ST-ZIP e exemption stated same legal effect sort as required by 4/29	Is if made under oath; that Chapter 608, Florida Statu tes. 3/05 (305) 948	a managing member or	hat the info manager o	rmation of the	