

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90219 046 ****50.00

DOCUMENT # L95000000307

1. Entity Name

EMERALD LAKES COMMERCIAL CENTER, L.C.

Principal Place of Business

7525 N.W. 8TH ST. #202
 MIAMI FL 33126

Mailing Address

7525 N.W. 8TH ST. #202
 MIAMI FL 33126

2. Principal Place of Business

3750 W. 16TH Ave.

Suite, Apt. #, etc.

STE - 1264

City & State

HALEAH FL

Zip

33126

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3326275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAGE, GUSTAVO D
 6361 SUNSET DR.
 SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

FRANK URAGA

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

3750 W. 16TH Ave STE-1264

City

HALEAH

FL

Zip Code

33126

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.

SIGNATURE

Frank Uraga
 Signature, typed or printed name of registered agent and title, applicable.

FRANK URAGA

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
 NAME AMIEVA, MARINA ☐ Delete
 STREET ADDRESS 7525 N.W. 8TH ST. #202
 CITY-ST-ZIP MIAMI FL 33126

TITLE MGR
 NAME URAGA, FRANK ☐ Delete
 STREET ADDRESS 7525 N.W. 8TH ST. #202
 CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

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

Date

4/30/02

Daytime Phone #

305-231-5551

CR2E083 (9/01)