

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90687 014 \*\*\*\*50.00

**DOCUMENT # L95000000547**

1. Entity Name  
**VENEFLO, L.C.**



Principal Place of Business  
**15011 S.W. 43RD TERRACE  
MIAMI, FL 33185**

Mailing Address  
**15011 S.W. 43RD TERRACE  
MIAMI, FL 33185**

2. Principal Place of Business

3. Mailing Address

**801 Buckle Hwy Blvd**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 805**

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

**MIAMI FL**

4. FEI Number

**65-0689478**

Applied For

Not Applicable

Zip

Country

Zip

**33131**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OTTOLINO, GIUSEPPE  
15011 S.W. 43RD TERRACE  
MIAMI, FL 33185**

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **OTTOLINO, GIUSEPPE**  
STREET ADDRESS **15011 S.W. 43RD TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33185**

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

TITLE **MEM** ☐ Delete  
NAME **OTTOLINO, YADIRA**  
STREET ADDRESS **15011 S.W. 43RD TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33185**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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:

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

Date

Daytime Phone #

**3/19/07**

**305 805 8896**

CR2E083 (10/02)