

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90229 004 ****50.00

DOCUMENT # L97000000214

1. Entity Name

RAKEL PROPERTIES. L.C.



Principal Place of Business

**3610 YACHT CLUB DR.
1005
MIAMI FL 33180-3545**

Mailing Address

**3610 YACHT CLUB DR.
1005
MIAMI FL 33180-3545**

40009247

2. Principal Place of Business

3. Mailing Address

3610 Yacht Club drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 1008

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33180

USA

4. FEI Number **65-0731735**

Applied For

Not Applicable

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

**BLECKER, STEVEN R
899 W. CYPRESS CREEK RD., SUITE 321
FT LAUDERDALE FL 33309**

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 reinstating)

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**
NAME **GUTTMAN, JOSE**
STREET ADDRESS **AVE. SOUBLETTE ED. SAVOYA, APT. B-1**
CITY-ST-ZIP **CARACAS, VENEZUELA OC**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **MGR**
NAME **GUTTMAN, RAQUEL**
STREET ADDRESS **AVE. SOUBLETTE ED. SAVOYA, APT. B-1**
CITY-ST-ZIP **CARACAS, VENEZUELA OC**

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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 REQUIRED

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

Date

Daytime Phone #

Jan 10, 2003 305-6829504

CR2E083 (10/02)