

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90035 028 ****55.00

DOCUMENT # **L98000002682**

1. Entity Name

Cosmopolitan of America LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16709 SAPPHIRE

3. Mailing Address

SAME

Suite, Apt. #, etc.

SPRINGS

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON

City & State

WESTON FL

4. FPI Number

65-0876523

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Pinto Moises

Street Address (P.O. Box Numbers Not Acceptable)

16709 SAPPHIRE SPRINGS

City

WESTON

FL

Zip Code

33331

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.

4/14/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

PILAR CAMILLO, PRESIDENT
16709 SAPPHIRE SPRINGS
WESTON FL 33331

VICE PRESIDENT
MOISES PINTO
16709 SAPPHIRE SPRINGS
WESTON FL 33331

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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 registered agent 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

MOISES PINTO

Date

Daytime Phone #

4/14/03

CR2E083B (12/02)