

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90087 034 ****50.00

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DOCUMENT # L98000003045

1. Entity Name

LOBOS GROUP INTERNATIONAL LLC



Principal Place of Business

1915 BRICKELL AVENUE, SUITE C-712
MIAMI FL 33129

Mailing Address

1915 BRICKELL AVENUE, SUITE C-712
MIAMI FL 33129

10104144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3042 Orange St.

Suite, Apt. #, etc.

3042 Orange St.

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0881331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, CURTIS A
200 SOUTH BISCAYNE BLVD., SUITE 4000
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE: **MGRM**
NAME: **WOLFE, CURTIS A**
STREET ADDRESS: **1915 BRICKELL AVENUE, SUITE C-712**
CITY-ST-ZIP: **MIAMI FL 33129**
☐ Delete

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10. ADDITIONS/CHANGES

TITLE: **MGRM**
NAME: **Wolfe, Curtis**
STREET ADDRESS: **3042 Orange St**
CITY-ST-ZIP: **Miami, FL 33133**
☒ Change ☐ Addition

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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

4/30/03

Date

305-8124500

Daytime Phone #

CR2E083 (10/02)