

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90041 046 *****50.00

DOCUMENT # L99000002591

1. Entity Name

GAIRA LLC



Principal Place of Business

Mailing Address

**2305 N.W. 107TH AVENUE
MIAMI FL 33172**

**2305 N.W. 107TH AVENUE
MIAMI FL 33172**

2. Principal Place of Business

8202 NW 70th St.

3. Mailing Address

8202 NW 70th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip
33166

Country
USA

Zip
33166

Country
USA

4. FEI Number

NOT APPLICABLE

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

**DEL-CORRAL-CARLOS
2305 NW 107TH AVENUE
BOX 122
MIAMI FL 33172**

Name

Scot Villanueva, Esq.

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

801 Brickell Ave., Suite 510

City

Miami

FL

Zip Code
33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
DEL CORRAL, CARLOS
2305 N.W. 107TH AVENUE
MIAMI FL 33172**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR- Carlos del Corral
8202 NW 70th St.
Miami, FL 33166**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
DEL CORRAL, MARIA CARMEN
2305 N.W. 107TH AVENUE
MIAMI FL 33172**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

CR2E083 (10/02)