

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90164 038 ****50.00

DOCUMENT # L99000002844

1. Entity Name

CALLTEX L.L.C.

Principal Place of Business

~~520 BRICKELL KEY DRIVE, SUITE 0-305
 MIAMI FL 33131~~

Mailing Address

~~520 BRICKELL KEY DRIVE, SUITE 0-305
 MIAMI FL 33131~~

2. Principal Place of Business

8521 NW 68th Street

3. Mailing Address

8521 NW 68th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami FL

City & State
 Miami FL

4. FEI Number

65-0930087

Applied For

Not Applicable

Zip
 33166

Country
 USA

Zip
 33166

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

~~ROJAS, MARGO E ESG.
 FREEMAN, BUTTERMAN, HABER & ROJAS, LLP
 520 BRICKELL KEY DR., SUITE 0-305
 MIAMI FL 33131~~

Name
Michael J. Liberatore

Street Address (P.O. Box Number is Not Acceptable)
**1401 Brickell Avenue
 Suite 300**

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.

SIGNATURE *Michael J. Liberatore*

Michael J. Liberatore

April 10, 2002

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	CURY, SERGIO RICARDO S	2576 JARDIN CT	WESTON FL 33327	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Sergio Ricardo Cury* **Sergio Ricardo Cury, Mgr. (305)597-8703**

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

Date **4/10/02** Daytime Phone #

CR2E083 (9/01)