

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90127 001 \*\*\*\*\*5.00  
01-22-2003 90127 002 \*\*\*\*\*50.00

**DOCUMENT # L99000003359**

1. Entity Name

**PROVIDENCE CAPITAL L.C.**



Principal Place of Business

**701 BRICKELL AVENUE, SUITE 1480  
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE, SUITE 1480  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0927687**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUTTON, JOHN O  
2655 LEJEUNE RD., PH II  
CORAL GABLES FL 33134**

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** ☐ Delete  
NAME **NELSON, CALLE**  
STREET ADDRESS **340 HARBOR DRIVE**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **MGR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **ORREGO, CARLOS**  
STREET ADDRESS **1925 BRICKELL AVE., APT. D-701**  
CITY-ST-ZIP **KEY BISCAYNE FL 33129**

TITLE **MGR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **TRUJILLO, JUAN JOSE**  
STREET ADDRESS **1925 BRICKELL AVE., APT. D-701**  
CITY-ST-ZIP **KEY BISCAYNE FL 33129**

TITLE **MGR, GENERAL MANAGER** ☒ Change ☐ Addition  
NAME **TRUJILLO, JUAN JOSE**  
STREET ADDRESS **798 CRANDIN BLVD, #5**  
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**JAN 13/2003**

**305-379-4979**

Date

Daytime Phone #

CR2E083 (10/02)