

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90137 005 ****50.00

DOCUMENT # L99000004037

1. Entity Name

ONLY CLEAR SKIES, L.L.C.

Principal Place of Business

**2914 NW 72ND AVENUE
 MIAMI FL 33122**

Mailing Address

**5141 NW 116 COURT
 MIAMI FL 33178**

2. Principal Place of Business

174400N Street

3. Mailing Address

8046 Leokawkapra

Suite, Apt. #, etc.

North Kauru City

Suite, Apt. #, etc.

Rapier Village

City & State

MD

City & State

KS

Zip

64116

Country

Zip

66208

Country

4. FEI Number

65-0933378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, OSCAR ROJAS
 999 BRICKELL AVENUE
 SUITE 700
 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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/17/02

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
**MGR
 GUTIERREZ, OSCAR ROJAS
 999 BRICKELL AVENUE SUITE 700
 MIAMI FL 33131** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**President
 Gutierrez Solayda
 11205 SW 88 St
 Miami, FL** ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V. President
 Marlene Angarita
 10015 N 25th Ave
 Bogota, Colombia** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ 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] **OSCAR I. Rojas**

04/17/02

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

Date

Daytime Phone #

CR2E083 (9/01)