

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90011 044 ****50.00

DOCUMENT # L99000004751

1. Entity Name

FIRST FOLIAGE, L.C.

Principal Place of Business

**17800 S.W. 268 STREET
HOMESTEAD FL 33031**

Mailing Address

**17800 S.W. 268 STREET
HOMESTEAD FL 33031**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1000032

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEFELER, GEORGE ESQ
LUCIO, MANDLER ET AL
701 BRICKELL AVENUE SUITE 2000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Jose Garces

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

17800 SW 268 Street

City

Homestead

FL

Zip Code

33031

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCES, JOSE 17800 S.W. 268 STREET HOMESTEAD FL 33031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCES, BEATRIZ 17800 S.W. 268 STREET HOMESTEAD FL 33031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPAM, SIXTO 17800 S.W. 268 STREET HOMESTEAD FL 33031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTRADA, ALBERTO 17800 S.W. 268 STREET HOMESTEAD FL 33031	<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

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-15-02 (307) 245-3226

CR2E083 (9/01)