

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-22-2003 90091 035 *****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



☐ CHECK HERE IF MAKING CHANGES

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

**GARCES, JOSE
17800 SW 268 STREET
HOMESTEAD FL 33031**

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. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
GARCES, JOSE
17800 S.W. 268 STREET
HOMESTEAD FL 33031**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
GARCES, BEATRIZ
17800 S.W. 268 STREET
HOMESTEAD FL 33031**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
CAMPAM, SIXTO
17800 S.W. 268 STREET
HOMESTEAD FL 33031**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
ESTRADA, ALBERTO
17800 S.W. 268 STREET
HOMESTEAD FL 33031**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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

Date

Daytime Phone #

2/17/03

305.245-3226

CR2E083 (10/02)