## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State

	DIAILOKIAI BOSINES		(OBK)	Secretary	or State
DOCUMENT # L9900060 >150 1. Entity Name Genaro Lozano Florida, LLC				05-01-2002 91463	026 ***150.00
1. Entity Na	me Genaru Lozas	no Florid	a, 22 c		
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	DO NOT WRITE IN	I THIS SPA	ACE		
2. Principal		Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State City & State			4. FEI Number	1 14-15-25-	
m, 6	1 -1 -1 -C			65-6964079	Applied For Not Applicable
331		ip ~ ~ (	Country	5. Certificate of Status Desired	5.00 Additional
				7. Name and Address of Current Registered	
	DO NOT WRIT	re ·	Name A SVA	RO (Astillo B. E	59.
	IN THIS SPAC	(1995) (2000) A. A. C. M. M. M. M. A. W. M.	Street Address (F	P.O. Box Number is Not Acceptable)	$\mathcal{J}$
	IIV I I II O O PAU	<b>/</b> E	/390	Brickell Ave. 50	P. 200
			City	A عنبان FL	Zip Code
8. The above	e named entity submits this statement for the pu	rpose of changing its regi	stered office or registere	ed agent, or both, in the State of Florida.	33,37
SIGNATURE	Jan	46×		4-15	-02
	Signature, typed or printed name of registered agent and title if a	applicable.		4-15- DATE	
			IS \$50.00	State	}
Make Check Payable to Department of State  DUE BY MAY 1					
9.	MANAGING MEMBERS/MA		PROFILE SECTION		A SAMPLE SAMPLE
TITLE NAME	Gerace Luzza	an park	TILE NAME		0.00
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NAME	Jose CARlos Sollo		TITLE NAME		ORZ
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11. I hereby c	ertify that the information supplied with this filing	noes not qualify for the e	CITY ST ZIP	ion 110 07(2)/i) Florido Statuto	
11. I hereby certify that the information supplied with this filling 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 more than the contraction of 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 more than the contraction of the limited liability company or the receiver or more than the contraction of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver of the limited liability company or the receiver of the limited liability company or the receiver of the limited liability company or the liability company or th					
O STATE OF THE STA					
SIGNATURE - Geraro Vaz 04-15-02 (305)571-5540					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone I					
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