

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2002 91463 026 \*\*\*150.00

DOCUMENT # L99000607150  
1. Entity Name GENARO LOZANO Florida, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
455 SW F St  
Suite, Apt. #, etc.  
City & State Miami, FL  
Zip 33130 Country

3. Mailing Address  
Suite, Apt. #, etc. Same  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964079 Applied For  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Alvaro Castillo B. Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
1390 Brickell Ave. Ste. 200  
City Miami FL Zip Code 33131

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] DATE 4-15-02

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

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
<u>Manager - member</u> <u>Genaro Lozano</u> <u>3941 PARK Ave.</u> <u>Miami, FL 33133</u>	<u>Manager - member</u> <u>Jose Carlos Solla</u> <u>3941 PARK Ave.</u> <u>Miami, FL 33133</u>
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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] Genaro Diaz DATE 04-15-02 (305) 571-5540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083B (12/01)