


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90098 018 ****50.00

DOCUMENT # L99000007150

1. Entity Name
GENARO LOZANO FLORIDA, LLC



Principal Place of Business Mailing Address

455 SW 8TH STREET 455 SW 8TH STREET
MIAMI FL 33130 MIAMI FL 33130

2. Principal Place of Business 3. Mailing Address

439 SW 8th St 439 SW 8th St

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, FL Miami, FL

Zip Country Zip Country

33130 33130

4. FEI Number 65-0964079 Applied For

Not Applicable

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

JUL140J63



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ALVARO, CASTILLO B ESQ
1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name _____

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

City _____ State **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM GENARO DIAZ LAZANO 3941 PARK AVENUE MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSE CARLOS SOLLOA 3941 PARK AVENUE MIAMI FL 33133 <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
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
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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 REQUIRED** 7/29/03 Date Daytime Phone #

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

CR2E083 (10/02)

attachment
90148523

Miami July 28, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporation

REF: L99000007150

Dear Sir:

We are sending the annual report 2003 of GENARO LOZANO FLORIDA, LLC.
Please we know this report is late, but we did move from 455 S.W to 439 S. W. and
missed place that document.

Please waive the penalty. It is hard for us to pay this penalty.

Thank you,

Sincerely,



GENARO DIAZ LOZANO
President