

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90064 023 \*\*\*\*50.00

**DOCUMENT # L99000007683**

1. Entity Name

**BAYWOOD U.S.A., L.L.C.**



Principal Place of Business

**1 SOUTHEAST THIRD AVENUE 15TH FLOOR  
MIAMI FL 33131**

Mailing Address

**1 SOUTHEAST THIRD AVENUE 15TH FLOOR  
MIAMI FL 33131**

2. Principal Place of Business

**2005a Biscayne Blvd**

Suite, Apt. #, etc.

**6th floor**

City & State

**Miami FL**

Zip

**33131**

Country

3. Mailing Address

**2005a Biscayne Blvd**

Suite, Apt. #, etc.

**6th floor**

City & State

**Miami FL**

Zip

**33131**

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0974697**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
POBLETE, EDUARDO  
ROSARIO SUR 91, OFICINA 406  
LAS CONDES, SANTIAGO, CHILE** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**mgrm  
Poblete, Eduardo  
Cruz del Sur 133 Oficina 703  
Las Condes Santiago Chile** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PEREIRA, EDUARDO  
ROSARIO SUR 91, OFICINA 406  
LAS CONDES, SANTIAGO, CHILE** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Pereira, Eduardo  
Cruz del Sur 133 Oficina 703  
Las Condes Santiago Chile** ☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)