

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90023 023 ****55.00

0014238

DOCUMENT # **L99000007731**

1. Entity Name

MIDASOZA LLC



Principal Place of Business

**800 BRICKELL AVENUE, #201
MIAMI FL 33131**

Mailing Address

**800 BRICKELL AVENUE, #201
MIAMI FL 33131**

2. Principal Place of Business

104 Crandon Blvd.

3. Mailing Address

104 Crandon Blvd.

Suite, Apt. #, etc.

#316

Suite, Apt. #, etc.

Suite #316

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

USA

Zip

33149

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0962144**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DACCACH, SONIA
104 CRANDON BLVD., STE 316
MIAMI FL 33149**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **DACCACH, MICHEL N**
STREET ADDRESS **800 BRICKELL AVENUE, #201**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGRM** Change Addition
NAME **Daccach, Michel N**
STREET ADDRESS **1045 MARINER DRIVE**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **MGR** Delete
NAME **DE DACCACH, SONIA ZARZUR**
STREET ADDRESS **800 BRICKELL AVENUE, #201**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** Change Addition
NAME **DE Daccach, Sonia Zarzur**
STREET ADDRESS **1045 MARINER DRIVE**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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: Michel Daccach MGRM

4-02-03

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

Date

Daytime Phone #

CR2E083 (10/02)