


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06-25-2003 900017024 \*\*\*\*\*SU:00  
**03 JUL -1 AM 8:52**

<b>DOCUMENT # L99000008108</b> 1. Entity Name <b>ORTIZ-PARRA ENTERPRISES, LLC</b>	
---	---

Principal Place of Business <del>701 BRICKELL AVENUE, SUITE 3000</del> <del>MIAMI FL 33131</del>	Mailing Address <del>701 BRICKELL AVENUE, SUITE 3000</del> <del>MIAMI FL 33131</del>
--	--

2. Principal Place of Business <b>1881 NW 123rd Ave.</b> Suite, Apt. #, etc.	3. Mailing Address <b>1881 NW 123rd Ave</b> Suite, Apt. #, etc.
--	---



CHECK HERE IF MAKING CHANGES

City & State <b>Pembroke Pines FL</b>	City & State <b>Pembroke Pines FL</b>	4. FEI Number <b>65-0985557</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33026</b>	Country <b>USA</b>	Zip <b>33026</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>INTRASTATE-REGISTERED AGENT CORP.</b> <b>701 BRICKELL AVENUE, SUITE 3000</b> <b>MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
--	---

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>ALICIA PARRA DE ORTIZ</b>
STREET ADDRESS	<b>701 BRICKELL AVENUE, SUITE 3000</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>LEJIS ANTONIO ORTIZ</b>
STREET ADDRESS	<b>701 BRICKELL AVENUE, SUITE 300</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Alicia Parra de Ortiz* **06/23/03 954704343**