

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90231 034 \*\*\*\*50.00

**DOCUMENT # L99000008165**

1. Entity Name

**ANCRICA, LLC**



Principal Place of Business

**161 MADEIRA AVENUE, SUITE 31  
CORAL GABLES FL 33134**

Mailing Address

**161 MADEIRA AVENUE, SUITE 31  
CORAL GABLES FL 33134**

**20009316**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**8002 N.W. South River Dr.**  
Suite, Apt. #, etc.

3. Mailing Address

**8002 N.W. South River Dr.**  
Suite, Apt. #, etc.

City & State

**Hedley, FL**

City & State

**Hedley, FL**

4. FEI Number

**65-0964306**

Applied For

Not Applicable

Zip  
**33166**

Country  
**USA**

Zip  
**33166**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, RAFAEL A  
600 BRICKELL AVENUE, SUITE 203A  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Rafael A. Perez**

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

**201 Alhambra Circle #702**

City **Coral Gables**

FL

Zip Code  
**33134**

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

**Rafael A. Perez**  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-10-03**

**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  
CASARIEGO, ORLANDO J  
1021 N. GREENWAY DRIVE  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CASARIEGO, HUMBERTO F  
607 UNIVERSITY DRIVE  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-10-03 (305) 887-9058**

CR2E083 (10/02)