

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

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90383 013 \*\*\*\*55.00

DOCUMENT # **L 9900000 9225**  
1. Entity Name  
**Pine View Estates LLC** ✓

**DO NOT WRITE IN THIS SPACE**

**968952**

2. Principal Place of Business  
**4812 Pine Tree Dr.**  
Suite, Apt. #, etc.  
**Management Office**  
City & State  
**Miami Beach, FL**  
Zip  
**33140** Country  
**Dade**

3. Mailing Address  
**4812 Pine Tree Dr**  
Suite, Apt. #, etc.  
**Management Office**  
City & State  
**Miami Beach FL**  
Zip  
**33140** Country  
**Dade**

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4. FEI Number **650995002** Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **German Osorio**  
Street Address (P.O. Box Number is Not Acceptable)  
~~21205 NE 3~~ **3135 NE 184th St**  
**Apt 2304**  
City **Aventura** FL Zip Code **33160**

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.

SIGNATURE **German Osorio**  
Signature typed or printed name of registered agent and title if applicable.

**4/28/02**  
DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Ali Lopez</b> <b>2666 Brickell Ave</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1762</b> <b>German Osorio</b> <b>3135 NE 184th St Apt 2304</b> <b>N. Miami Beach, FL 33160</b>
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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: **German Osorio** **5/30/02** **786 282 6666**  
Signature typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083B (12/01)