

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

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90018 007 \*\*\*\*50.00

**DOCUMENT #** M01000002713

1. Entity Name

PHONE 1 SMART LLC

**DO NOT WRITE IN THIS SPACE**

930594

2. Principal Place of Business

100 N Biscayne Blvd.

Suite, Apt. #, etc.

#2500

City & State

Miami - FL

Zip  
33132

Country  
USA

3. Mailing Address

PO Box 114009

Suite, Apt. #, etc.

City & State

Miami - FL

Zip  
33111

Country  
USA

4. FEI Number

52-2362654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

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  
Operative Manager  
DARIO ECHEVERRY  
100 N Biscayne Blvd. #2500  
Miami - FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Operative Manager  
Julio Chulmeta  
100 N Biscayne Blvd. #2500  
Miami - FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Sharon Resnik  
100 N Biscayne Blvd. #2500  
Miami - FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREASURE  
JOSE JARAMILLO  
100 N Biscayne Blvd. #2500  
Miami - FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

02/20/02 305-371-3300

Date

Daytime Phone #

CR2E083B (12/01)