

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013466

DOCUMENT # L00000001418

1. Entity Name  
COLOR SIETE LATIN AMERICA, L.L.C.



FILED

03 MAY -5 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~1101 BRICKELL AVE., STE. 1400 MIAMI FL 33131~~ ~~1101 BRICKELL AVE., STE. 1400 MIAMI FL 33131~~



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address  
 2665 S Bayshore Dr. 2665 S Bayshore Dr.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 200 Suite 200  
 City & State City & State  
 Miami, FL Miami, FL

4. FEI Number 65-0986068 Applied For Not Applicable

Zip Country Zip Country  
 33133 USA 33133 USA

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

6. Name and Address of Current Registered Agent  
 GUTIERREZ, NICOLAS J JR, ESQ  
~~1101 BRICKELL AVE., STE. 1400 MIAMI FL 33131~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 2665 S Bayshore Dr  
 Grand Bay Plaza, Suite 200  
 City Miami FL Zip Code 33133

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 *Nicolas J. Gutierrez Jr.* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)  
 Nicolas J. Gutierrez Jr., Esq., Registered Agent 4/23/03 DATE

**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	MGR MOLINA, LUIS FELIPE <del>1101 BRICKELL AVE., STE. 1400 MIAMI FL 33131</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 S. BAYSHORE DR., STE. 200 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GUTIERREZ JR., ESQ., NICOLAS J. 2665 S. BAYSHORE DR., STE. 200 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600017927166 05/05/03--01013--012 **1628.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicolas J. Gutierrez Jr.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Nicolas J. Gutierrez Jr., Esq., Secretary 4/30/03 (305) 285-0800  
 Date Daytime Phone #

CR2E083 (10/02)