FILED
May 24, 2002 8:00 am
Secretary of State

03-31-2002 90355 033 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002363

1. Entity Name

NIPES, L.L.C.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3440 HOLLYWOOD BLVD	
Suite, Apt. #, etc.: 360	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State
Zip: 33021 Country: USA	Zip Country

4. FEI Number — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired — ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARK E. ROUSSO, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 3440 HOLLYWOOD BLVD. STE 360

City: HOLLYWOOD FL Zip Code: 33021

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 _____ DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE: Managing Member NAME: Pablo A. Gaggino STREET ADDRESS: Calle Faustino Allende 469, B CITY-ST-ZIP: Cofino, Ciudad de Cordova, Argentina	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Managing Member NAME: Atilio A. Gelfo STREET ADDRESS: Calle Naciones Unidas 625, BO. CITY-ST-ZIP: Parque Velez Sarsfield, Ciudad de Cordova, Argentina	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Managing Member NAME: Roman Irazuta STREET ADDRESS: Mariano Fregueiro 2532, BO. Alta CITY-ST-ZIP: Ciudad de Cordova, Argentina	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Managing Member NAME: Hugo M. Sanchez STREET ADDRESS: Calle 10 No. 88, BO. Inaudi CITY-ST-ZIP: Ciudad de Cordova, Argentina	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E083B (12/01)

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: _____ 3/18/02 954 322 4280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #