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

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P.V.R. USA LLC							(	02 DEC 31 PM 2: 46					
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2. Principal Place of Business 2501 N.W. 74 Avenue				3. Mailing Address 2501 N.W. 74 Avenue				í				· # .: ·	
Suite, Apt. #, etc.  City & State				Suite, Apt. #, etc.				31	DO NOT WR	ITE IN THIS S	PACE	Mih	
Miami, Florida  Zip Country			M	City & Stato Miami, FL			4. FEI	Number	651028811		$\neg$	Applied For Not Applicable	
33122-1417 USA			33	Zip 3122-1417	USA		5. Certificate of Status Desired \$5.00 Additional Fee Regulred					Additional ulred	
ĺ						Name			dress of Curren	Registered	Agent		
		O NOT \	<b>VR</b> ľ	TF		Ca	Canos Sarraff						
				Street Address	Street Address (P.O. Box Number is Not Acceptable)								
	N THIS S	ΣE		2501 N.W	501 N.W. 74 Avenue								
			•	City Miami					FL	Zip C	ode 22-1417		
8. The above	named entil	ty submits this state	for the p	urpose of changing i	ts registeri	ed office or regis	tored agent.	or both,	in the State of Flo	orida.	<u> </u>	22-1417	
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				Make Check P			of State						
9,		MANAGING MEM	DEDS (MA		DUE BY	IVIAY ?		<u> </u>					
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NAME STREET ADORESS	Carlos Sarroff											28	
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11. I heroby ce indicated of	rtify that the in this report i	information supplied wit is true and accurate and	h this filing that my	does not qualify for chature shall have t	the exemp	ption stated in Se	ection 119.0	7(3)(i), Fic	orida Statutes. I fe	urther certify t	that the ii	nformation	
iimited liabi	iity company	information supplied wit is true and accurate and or the receiver or trusts	o om	erod to execute this r	eport as re	equired by Chap	ter 608. Flor	ida Statut	os. es.	ig member or	manage	or of the	
SIGNATL	IDE:	A	/	=							_		
JIGNATU	SIGNATURE ANI	TYPED OR PRINCED NAME (	F SIGNING I	MANAGING MEMBER, MAN	AGER, OR AL	JTHORIZED REPRESS	NTATIVE			30V 4		291	
	·					_			Date	Daytim	a Phone #	į.	