LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # 20/000/1/703 1. Entity Name				03-24-2002 90036 018 ****50.00	
PVLATI	N, L.L.C.				
	O NOT WRITE	*		g	33310
2. Principal Pla		3. Mailing Address			
536 Biltmore Way Suite, Apt. #, etc.		536 Biltmore Way Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For
	Sables, Florida	Coral Gables		65-1123702	Not Applicable
Zip 33134	Country U.S.A.	Zip 33134	Country U.S.A.	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	on the trace of the same		Name	7. Name and Address of Current Register	ed Agent
Same that the same	DO NOT W	RITE	Andi	rew Cuevas, Esq.	
			Street Address ((P.O. Box Number is Not Acceptable)	
IN THIS SPACE 536 Biltmore Way					
City Coral				Gables F	L Zip Code 33134
8. The above n	armed exitty submits this statement fo	r the purpose of changing its		red agent, or both, in the State of Florida.	
SIGNATURE	Modelure, typed or printed name of registered agent.	and title if applicable.		3 1-	712
		Whether the second professions	FEE IS \$50.00		
		Make Check Pa	yable to Department o	f State	ì
	MANAGING MEMBE				
9. TITLE	MGRM	RS/ MANAGERS	TITLE	and the second s	<u> </u>
	Camilo Peraza		NAME		^ ^
STREET ADDRESS CITY-ST-ZIP	536 Biltmore Way Coral Gables, Flor	ida 33134	STREET ADDRESS		1. 19.10 2. A
	MGR		ting (A)		1 2 2 2 2 2
	Margarita Ochoa		NAME STREET ADDRESS		ran make at the
I	S 536 Biltmore Way Coral Gables, Florida 33134		CITY-ST-ZIP		
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRESS	DO NOT WO	
CITY-ST-ZIP	المن المعادي الوسود المساور الم		CITY-SI-ZIP	DO NOT WR	
TITLE NAME			TITLE	IN THIS SPA	CE
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME.			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		City-St-ZiP,		
NAME	λ /		The same of the sa		Associated to the second
STREET ADDRESS CITY-ST-ZIP	/ \ (STREET ADDRESS	a proposition in the Commission of the Artist Commission of the Artist Commission of the Artist Commission of t The Commission of the Comm	The first section of the first
	ertify that the information supplied with	this filing does not qualify fo	A. 11 A. 20111 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	ection 119.07(3)(i), Florida Statutes. I further of	ertify that the information
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 accuracy 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 receiter or further empowered to execute this report as required by Chapter 608, Florida Statutes.					
	1 cm	The state of the s			461-9500