


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 032 ****50.00

DOCUMENT # L01000014388

1. Entity Name
WHITE CORAL HOLDINGS, L.C.



Principal Place of Business Mailing Address

~~338 MINORCA AVE.~~ ~~338 MINORCA AVE.~~
~~CORAL GABLES FL 33134~~ ~~CORAL GABLES FL 33134~~

2. Principal Place of Business 3. Mailing Address

2588 SW 27th Ave *2588 SW 27th Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami - FL *Miami - FL*

Zip Country Zip Country

33133 *US* *33133* *US*



CHECK HERE IF MAKING CHANGES

4. FEI Number **80-0007856** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~INTERNATIONAL REGISTERED AGENTS CORP.~~
~~338 MINORCA AVE.~~
~~CORAL GABLES FL 33134~~

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 *[Signature]* DATE *4/1/03*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

7. Name and Address of New Registered Agent

Name *ANTONIO GARCIA*

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

2588 SW 27th AVE

City *Miami* State *FL* Zip Code *33133*

9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRP-JARAMILLO, ANTONIO A	CRA. 9A No. 131-40 APTO.502 CAMINO DEL CERRO	BOGOTA, COLUMBIA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRP ALVAREZ, ANTONIO	CRA. 9A No. 131-40 APTO.502 CAMINOS DEL CERRO	BOGOTA, COLOMBIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* DATE: *03/03/13*

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

CR2E083 (10/02)