

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-14-2002 90008 004 ****50.00

DOCUMENT # L01000018816

1. Entity Name
MESALINA L.C.

Principal Place of Business
**338 MINORCA AVE.
 CORAL GABLES FL 33134**

Mailing Address
**338 MINORCA AVE.
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CABEZA, MANUEL E
 338 MINORCA AVE.
 CORAL GABLES FL 33134**

Name **International Registered Agents Corporation**
 Street Address (P.O. Box Number is Not Acceptable)
338 Minorca Avenue
 City **Coral Gables** **FL** Zip Code **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.

SIGNATURE **Maria Elena Cabeza, President**

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

(NOTE: Registered Agent signature required when reappointing)

February 21, 2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**
 NAME **CANO HERNANDEZ, JOSE GABRIEL** ☐ Delete
 STREET ADDRESS **338 MINORCA AVE.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **Mgr/P** ☒ Change ☐ Addition
 NAME **Cano, Hernandez, Jose Gabriel**
 STREET ADDRESS **Carrera 14 No. 94-A24 Oficina #203**
 CITY-ST-ZIP **Bogota, Colombia**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRED
Jose Gabriel Cano Hernandez, President, 2/21/02 (571)6358685

CR2E083 (9/01)