

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90239 042 \*\*\*\*50.00

0010805

**DOCUMENT # L99000005449**

1. Entity Name

**GRUPO ESPIRAL, L.C.**

Principal Place of Business

7370 NW 36 STREET  
 SUITE 415-H  
 MIAMI FL 33166

Mailing Address

7370 NW 36 STREET  
 SUITE 415-H  
 MIAMI FL 33166

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country  
*USA*

Zip

Country  
*USA*

4. FEI Number

**65-0960415**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**TOBON, PABLO**  
**7370 NW 36 STREET**  
**SUITE 415-H**  
**MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*Pablo Tobon Registered Agent*

*04/12/02*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  Delete  
 NAME **MGR TOBON, PABLO**  
 STREET ADDRESS **8190 CLEARY BLVD., #1901**  
 CITY-ST-ZIP **MIAMI FL 33324**

TITLE  Delete  
 NAME **MGR TOBON, PABLO EMILIO**  
 STREET ADDRESS **8190 CLEARY BLVD., #1901**  
 CITY-ST-ZIP **MIAMI FL 33324**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME *MGR Paula Tobon*  
 STREET ADDRESS *8190 CLEARY Blvd #1901*  
 CITY-ST-ZIP *Plantation, FL 33324*

TITLE  Change  Addition  
 NAME *MGR Andres Echaverri*  
 STREET ADDRESS *7370 NW 36 street #415H*  
 CITY-ST-ZIP *MIAMI, FL 33166*

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Pablo Tobon Registered Agent*

*04/12/02 (305) 477-5060*

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

Date

Daytime Phone #

CR2E083 (9/01)