

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90012 007 ****50.00

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

7370 NW 36 Street

3. Mailing Address

7370 NW 36 Street

Suite, Apt. #, etc.

325 H.

Suite, Apt. #, etc.

325 H

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA



CHECK HERE IF MAKING CHANGES

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
VELILLA, VICTORIA
Street Address (P.O. Box Number is Not Acceptable)
7370 NW 36 Street
Suite 325 H
City MIAMI, FL Zip Code 33166

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 *V. Velilla det* REGISTERED AGENT VICTORIA VELILLA

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

(NOTE: Registered Agent signature required when reinstating)

01/22/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	TOBON, PABLO	8190 CLEARY BLVD., #1901	MIAMI FL 33324	<input type="checkbox"/>
MGR	TOBON, PAULA	8190 CLEARY BLVD #1901	PLANTATION FL 33324	<input type="checkbox"/>
MGR	ECHEVERRI, ANDRES	7370 NW 36TH #415H	MIAMI FL 33166	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	Velilla Victoria	7370 NW 36 Street # 325 H	MIAMI, FL 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	Tobon Paula	1465 Miravista Circle	Weston, FL 33327	<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"/>

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: *V. Velilla det* REGISTERED AGENT VICTORIA VELILLA

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

MANAGER

01/22/03

DATE

(305) 477-5060

Daytime Phone #

CR2E083 (10/02)