

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90959 046 ****50.00

DOCUMENT # L01000000321

1. Entity Name

AMEX GLOBAL INVESTMENTS LLC

Principal Place of Business

**701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1068250

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131**

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

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	MGRP	<input type="checkbox"/> Delete
NAME	Pineda, Esteban	
STREET ADDRESS	701 Brickell Avenue, Ste 3000	
CITY-ST-ZIP	Miami, Florida 33131	

TITLE	MGRVP	<input type="checkbox"/> Delete
NAME	Fuenmayor, Nerio	
STREET ADDRESS	701 Brickell Ave, Ste 3000	
CITY-ST-ZIP	Miami, Fl 33131	

TITLE	MGRS	<input type="checkbox"/> Delete
NAME	Rodriguez, Nelson	
STREET ADDRESS	701 Brickell Ave, Ste 3000	
CITY-ST-ZIP	Miami, Fl 33131	

TITLE	MGRT	<input type="checkbox"/> Delete
NAME	Henriquez, Raul	
STREET ADDRESS	701 Brickell Avenue, Ste 3000	
CITY-ST-ZIP	Miami, Fl 33131	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)