

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91514 044 ***150.00

DOCUMENT # **P00000101105** ✓

1. Entity Name

EXTEND PILOT SOFTWARE, INC.

DO NOT WRITE IN THIS SPACE

043254

2. Principal Place of Business

999 PONCE DE LEON BLVD.

3. Mailing Address
999 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
#715

Suite, Apt. #, etc.
#715

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLE, FLORIDA

City & State
CORAL GABLES, FLORIDA

4. FEI Number
#65-1054455

Applied For

Not Applicable

Zip
33134

Country

Zip
33134

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **JOSE I. PADIAL**

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

999 PONCE DE LEON BLVD. #715

City

CORAL GABLE, FLORIDA

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

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

JOSE I. PADIAL

4-16-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9.

MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**RICARDO ANTONIO ACOSTA MARQUES
PRESIDENT
245 S.E. 1 STREET
MIAMI, FLORIDA 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PAULO HENRIQUE DE ARAUJO
VICE PRESIDENT
245 S.E. 1 STREET
MIAMI, FLORIDA 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EURICO DE OLIVEIRA PEGO
SECRETARY
245 S.E. 1 STREET
MIAMI, FLORIDA 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MIAMI, FLORIDA 33131

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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: **X**

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

Date

Daytime Phone #

CR2E083B (12/01)