FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90609 042 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012808

1. Entity Name
ORYX NV, LLC.

958309

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
9574 NW 41st Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State
Zip: 33178 Country: USA	Zip Country

4. FEI Number 65-1126296 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ARNOLD SEGREDO

Street Address (P.O. Box Number is Not Acceptable): 9574 NW 41st Street

City: Miami FL Zip Code: 33178

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] ARNOLD SEGREDO, MANAGING DIRECTOR 5-1-2002
Signature required or printed name of registered agent and title if applicable. 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	MANAGING DIRECTOR ARNOLD SEGREDO 9574 NW 41st Street MIAMI, FLA 33178
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CR2E083B (12/01)

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] ARNOLD SEGREDO 5-1-2002 305-779-7930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #