

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

DOCUMENT # L00000000845

1. Entity Name

GASFORAL, L.L.C.

FILED

2002 OCT -2 AM 10: 21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

100008210651--8

-10/04/02--01060--015

*****55.00 *****55.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 PONCE DE LEON BLVD.

3. Mailing Address
901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE 601

Suite, Apt. #, etc.
SUITE 601

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

4. FEI Number 650976200

Applied For
Not Applicable

Zip Country
33134 USA

Zip Country
33134 USA

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

7. Name and Address of Current Registered Agent

Name ALBORNOZ, WILLIAM

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

901 PONCE DE LEON BLVD., SUITE 601

City CORAL GABLES FL Zip Code 33134

**DO NOT WRITE
IN THIS SPACE**

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.

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
MGRM MAUMENE CORPORATION
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM KIKINET CORPORATION
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM APTAP CORPORATION
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES, FL 33134

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IN THIS SPACE**

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

10/1/02

Date

(305) 525 4093

Daytime Phone #

CR2E083B (12/01)

FREEMAN, BUTTERMAN, HABER, ROJAS & STANHAM, LLP.

ATTORNEYS AT LAW

FILED

2002 OCT -2 AM 10: 21

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

Stephen A. Freeman, P.A.*
Michael D. Buttermann ^
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Nicholas Stanham, P.A.
Lance Geller
Sidney Menezes **
Adriana Sinisterra-Alvarado ^^

Of Counsel:
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* Also admitted in New York

^ Only admitted in New York

** Also admitted in Brazil

^^ Only admitted in New York and Colombia

October 1, 2002

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Gasforal, L.L.C.

Dear Sir or Madame:

Enclosed please find duly executed Limited Liability Company Uniform Business Report and check No. 1362 in the amount of \$55.00, in connection with the above referenced company. Please submit Certificate of Status to the address below to my attention at your earliest convenience.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Adriana Sinisterra-Alvarado

Enclosure