

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90040 048 \*\*\*\*50.00

**DOCUMENT # L02000009738**

1. Entity Name

**INVERCOUNSEL USA LLC**



Principal Place of Business

Mailing Address

**2 SOUTH BISCAYNE BOULEVARD, SUITE 3400  
MIAMI FL 33131**

**2 SOUTH BISCAYNE BOULEVARD, SUITE 3400  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**Calle Salustiano Olozaga**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4 bajo dcha**

City & State

City & State

**Madrid**

Zip

Country

Zip

Country

**28001**

**Spain**

4. FEI Number

**03-0470782**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **GARCIA-ORDONEZARMINA, CARLOS**  
STREET ADDRESS **2 SOUTH BISCAYNE BOULEVARD, SUITE 3400**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Garcia-Ordonez de Arminan, Carlos**  
STREET ADDRESS **Calle Salustiano Olozaga, 4 bajo dcha**  
CITY-ST-ZIP **28001 Madrid, Spain**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**Carlos Garcia-Ordonez Arminan**

**011 34 91 578-1804**

**3/28/03**

CR2E083 (10/02)