FILED
May 29, 2003 8:00 am
Secretary of State
05-05-2003 90691 036 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5/

DOCUMENT # L01000006510

1. Entity Name

PREPAID BUSINESS SYSTEM, LLC

DO NOT WRITE IN THIS SPACE

44002831

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7392 NW 35 TERR.	7392 NW 35 TERR.
Suite, Apt. #, etc. SUIT # 206	Suite, Apt. #, etc. SUIT # 206
City & State Miami FL	City & State Miami FL
Zip 33122 Country	Zip 33122 Country

4. FEI Number 65-1097172 ☐ 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 JORGE E. STEIN

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

7392 NW 35 TERR #206

City Miami FL Zip Code 33122

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPERATING MANAGER JORGE E. STEIN 7392 NW 35 TERR #206 MIAMI FL. 33122	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-OPERATING MANAGER JUAN JOSE PINO 7392 NW 35 TERR #206	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LUCA GIUSSANI 7392 NW 35 TERR #206	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JORGE E. STEIN 7392 NW. 35 TERR #206	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E083B (12/02)

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 — Date — Daytime Phone #