

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

03 JUN 25 AM 11:03
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L02000014126					
1. Entity Name BELVEN GROUP, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA			3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA		
			4. FEI Number APPLIED FOR		
			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 GURIAN		
			Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD		
			SUITE 600		
			City CORAL GABLES 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				DATE 4/29/03	
		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	MGRM BELO, LUIS 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400017894904 05/02/03--01052--011 **50.00	
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	DO NOT WRITE IN THIS SPACE	
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			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:		LUIS BELO		04/29/03 305-279-4101	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E083B (12/02)